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Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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1/4/2000

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

DEC 3 0 1999

SAN FRANCISCO
PUBLIC LIBRARY

January 4, 2000
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING DECEMBER 21, 1999**

*Proposed December 21, 1999 Minutes.

3) **PROPOSED ACTION: APPROVAL OF CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH Administration –** Request for approval of proposed ordinance to revise patient rates for home health and trauma services.
*Listing of Rates, Resolution.

(3.2) **PHP-CHS-Medical Services (AB 75) –** Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1999/00.
*Summary and Report of CHIP Expenditures.

(3.3) **PHP-HIV Services** – Request for approval to extend the terms of 70 CARE-funded HIV health service contracts with the following 49 contractors, for three months, from March 1, 2000 through May 31, 2000: AIDS Emergency Fund; AIDS Legal Referral Panel; American College Traditional Chinese Medicine; Ark of Refuge; Asian and Pacific Islander Wellness Center; Baker Places, Inc.; Bar Association of San Francisco; Bayview Hunters Point Foundation; Black Coalition on AIDS; Catholic Charities; Chemical Awareness and Treatment Services; Community Dental Care, Inc.; Continuum HIV Day Services; Dolores Street Community Services; Family Service Agency of San Francisco; Family Support Services of the Bay Area; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Immune Enhancement Project; Instituto Familiar de la Raza; Iris Center; Larkin Street Youth Center; Legal Services for Children; Lutheran Social Services; Lyon Martin Women's Health Services; Maitri AIDS Hospice; Mission Neighborhood Health Center; New Leaf; Project Open Hand; Positive Resource Center; Quan Yin Healing Arts Center; Saint Mary's Medical Center; San Francisco AIDS Foundation; San Francisco Community Clinic Consortium; San Francisco Food Bank; San Francisco Suicide Prevention; Shanti Project; The Support Center; Tenderloin AIDS Resource Center; UCSF AIDS Education Training Center; UCSF Center on Deafness; UCSF Department of Psychiatry/AIDS Health Project; UCSF Department of Psychiatry/Substance Abuse Services; UCSF Pediatric AIDS Program; UCSF Women's Specialty Clinic; University of the Pacific School of Dentistry; Urban Indian Health Board; Walden House; Westside Community Mental Health Center.

*List of Contractors and Justification.

(3.4) **PHP-Housing Services** – Request for approval of a new contract with Episcopal Community Services in the amount of $67,513, to provide support services to Rose Hotel tenants as delivered by the Health, Housing and Integrated Services Network, for the period of December 1, 1999 through June 30, 2000.

*Contract Summary Form.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT** (Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

5) **FOR DISCUSSION ONLY: SPECIAL PRESENTATION TO KEY LAGUNA HONDA HOSPITAL BOND INITIATIVE VOLUNTEERS**
*List of Honorees.

6) **FOR DISCUSSION ONLY: FOLLOW UP REPORT ON THE CITYWIDE MILLENNIUM PLAN**

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

****Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

SF Edward A. Chow, M.D.
Commissioner

420 Ron Hill
Commissioner

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HEALTH COMMISSION

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 4, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 1 3 2000

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

On behalf of the Commission, President Monfredini presented a Certificate of Appreciation to Elizabeth Stoller, MPH, who has been with the Department for 14½ years and will be taking a position with the Institute of Global Health.

President Monfredini acknowledged the leadership of AIDS activist Dick Pabich, who recently died. He had been the Mayor's AIDS Policy Advisor.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 21, 1999

Action Taken: The Commission unanimously adopted the minutes of December 21, 1999.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **DPH Administration** – Request for approval of proposed ordinance to revise patient rates for home health and trauma services.

Trauma services were not included in this revision.

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(3.2) **PHP-CHS-Medical Services (AB 75)** – Request for approval to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents Program (CHIP) funds for fiscal year 1999/00.

The Department submitted a FY 1999-00 Description of Proposed Expenditures of CHIP/RHS Funds.

(3.3) **PHP-HIV Services** – Request for approval to extend the terms of 70 CARE-funded HIV health service contracts with the following 49 contractors, for three months, from March 1, 2000 through May 31, 2000: AIDS Emergency Fund; AIDS Legal Referral Panel; American College Traditional Chinese Medicine; Ark of Refuge; Asian and Pacific Islander Wellness Center; Baker Places, Inc.; Bar Association of San Francisco; Bayview Hunters Point Foundation; Black Coalition on AIDS; Catholic Charities; Chemical Awareness and Treatment Services; Community Dental Care, Inc.; Continuum HIV Day Services; Dolores Street Community Services; Family Service Agency of San Francisco; Family Support Services of the Bay Area; Glide Foundation; Haight-Ashbury Free Clinics, Inc.; Immune Enhancement Project; Instituto Familiar de la Raza; Iris Center; Larkin Street Youth Center; Legal Services for Children; Lutheran Social Services; Lyon Martin Women's Health Services; Maitri AIDS Hospice; Mission Neighborhood Health Center; New Leaf; Project Open Hand; Positive Resource Center; Quan Yin Healing Arts Center; Saint Mary's Medical Center; San Francisco AIDS Foundation; San Francisco Community Clinic Consortium; San Francisco Food Bank; San Francisco Suicide Prevention; Shanti Project; The Support Center; Tenderloin AIDS Resource Center; UCSF AIDS Education Training Center; UCSF Center on Deafness; UCSF Department of Psychiatry/AIDS Health Project; UCSF Department of Psychiatry/Substance Abuse Services; UCSF Pediatric AIDS Program; UCSF Women's Specialty Clinic; University of the Pacific School of Dentistry; Urban Indian Health Board; Walden House; Westside Community Mental Health Center.

Commissioner Sanchez abstained on the UCSF contracts.

Commissioner Umekubo abstained on the St. Mary's contract.

(3.4) **PHP-Housing Services** – Request for approval of a new contract with Episcopal Community Services in the amount of $67,513, to provide support services to Rose Hotel tenants as delivered by the Health, Housing and Integrated Services Network, for the period of December 1, 1999 through June 30, 2000.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioners Sanchez and Umekubo abstaining on the UCSF and St. Mary's contracts, respectively.

4) **DIRECTOR'S REPORT** (Mitchell H. Katz, M.D., Director of Health)
(Provides information on activities and operations of the Department).

ADMINISTRATION

Millennium Thank You

The Department thanks all DPH staff who helped make the Millennium celebration a well-planned success. Although the evening did not evolve into the rapid-response mode for which we had prepared, the months and weeks of planning down to the essential details served as a good basis for emergency preparedness both within the Department as well as with other City agencies.

During the course of the evening, Dr. Katz visited all of the Field Care Clinics and dropped by the Emergency Operations Center. The people who worked on New Years Eve were responsive and energized by the teamwork and the very clear mission to care for those who were in need of assistance. It was an evening that was personally and professionally gratifying. The Department is proud of its efforts as a Department, gratified by the level of commitment and reassured that the public health of the residents of San Francisco is in good and capable hands.

1999 Homeless Death Report

This report has been compiled annually since 1990. Using data provided by the Medical Examiner, the City counts the number of homeless individuals who die each year to help us identify and fill the gaps in our City's system of care so that we in turn can prevent future homeless deaths. Unfortunately, the number of homeless deaths has increased again this year.

When DPH took over the homeless death review, it had no connection to City programs. Since then the Department has developed a homeless death prevention team to identify and evaluate people who were homeless and at risk to insure that they have case management and access to health care and other City services.

As the report indicates, the leading causes of homeless death are related to alcohol and drug abuse. For the last several years, with the support of the Mayor and the Board of Supervisors, the City has been incrementally implementing its Treatment on Demand (TOD) program. This year's report shows that the proportion of homeless deaths due to substance abuse has decreased indicating the success of this initiative. San Francisco has also increased mental health access for the homeless population with the support of the Mayor and Board of Supervisors.

Homelessness has increased on a national level; tracking homeless deaths will help us formulate a thoughtful approach to preventing future deaths in San Francisco.

Soft Tissue Infection

The Examiner published a story in yesterday's paper that reviewed the problem of soft tissue infection at SFGH. Dr. Katz has reported to the Health Commission informally on this subject on a number of occasions, and took this opportunity to highlight some of the important points on this topic.

Soft tissue infections, or abscesses, are frequent consequences of long-term injection drug use. If caught early, abscesses are simple to treat. When left untreated, abscesses often need to be treated in the operating room rather than the outpatient setting and can lead to systemic infections, long term hospitalizations, amputation and even death. Approximately one of every three injection drug users in San Francisco has an active abscess at any given time. It is the leading diagnosis upon discharge from the SFGH emergency department and the leading diagnosis for admission to the hospital.

The Subcommittee on Hospital Management and the joint Soft Tissue Infection Committee have been meeting to address some preemptive programs designed to decrease the number and intensity of soft tissue infections. Two proposals are being discussed. A wrap-around approach to already existing community-based services would provide staffing for medical care and substance use treatment assessment and referral at every DPH-funded needle exchange program. This would be augmented by follow up care and primary care at a CHN clinic thereby reducing the burden of care for STI's in the hospital and reducing costs to the City overall.

The second proposal, in collaboration with the Department of Surgery at San Francisco General Hospital, would create an Outpatient "Wound Center", ideally located on Unit 4C, the current location of the Wound Care Clinic. Patients who present with soft tissue infection could be directed to this multidisciplinary clinic where they would receive specialized medical care, linkage to other services, education and management follow-up. This has the potential to free up the emergency room and decrease surgical care and subsequent admissions.

POPULATION HEALTH AND PREVENTION

CALWorks

Since Welfare Reform began, Population Health and Prevention has been developing behavioral health and domestic violence programs specifically to meet the needs of CalWORKs families. When we began, it was estimated that 40% of CalWORKs recipients were victims of childhood physical or sexual abuse and over 60% were current victims of domestic violence.

None-the-less, we were all shocked and saddened to learn that one of the CalWORKs graduates, who was employed by DHS as a Public Service Assistant, was murdered by her ex-husband two weeks ago. The victim left 4 children.

CalWORKs Counseling staff from Westside reached out to family members -- including the 10-year-old daughter who witnessed the murder, her schoolmates, teachers, and childcare workers -- to provide crisis intervention and on-going support. With the help of the CalWORKs Domestic Violence counselor from WOMAN, Inc., Westside also provided support to the DHS Employment Specialists to help them deal with their own shock of losing a valued co-worker.

Although we were able to provide support to many of those who were traumatized as a result of this sad event, we will intensify our education and outreach efforts with CalWORKs families and DHS staff to try to prevent such tragedies from striking in the future.

Community Substance Abuse

CSAS has just been awarded 1.3 million dollars from the Substance Abuse and Mental Health Services Administration for the development of a medically assisted detox with Baker Places Inc. This detox will be located in the community but is targeted to provide service to CHN clients from the Emergency Department and Psychiatric Emergency Services.

COMMUNITY HEALTH NETWORK

Announcements

Welcome to Hiroshi Tokubo, the new Director of CHN's Quality Management program. Mr. Tokubo has experience in academic medical centers at Mt. Sinai Medical Center, both University of California Medical Centers in Irvine and San Francisco and at Brigham and Women's Hospital. He earned his MBA from City University in New York and his JD from Hastings College of Law in San Francisco. His skills include facilitating inter and multi-disciplinary team projects involving resource utilization and process improvement. Thanks to Allison Moed for serving as Acting Director of Quality Management.

Dr. Katz gave an overview of his month-long clinical work at SFGH, giving examples of patient care in the acute care setting. He sees the need to develop alternatives to acute care services and prevention strategies to decrease the costs at the acute care levels.

Commissioner Guy encouraged the Department to have an evaluation component to the new grant for a medically assisted detox with Baker Places Inc.

Commissioner Chow would like to see an analysis of the homeless population in the quarterly reports on homeless deaths.

Commissioner Sanchez acknowledged the high quality of care at SFGH given to an elderly person in the Latino community.

Commissioner Parker expressed his concern for the overall health status of San Franciscans and the need to put more emphasis on prevention.

5) SPECIAL PRESENTATION TO KEY LAGUNA HONDA HOSPITAL BOND INITIATIVE VOLUNTEERS

The Commission presented the following persons with special recognition certificates for their work on the recently-passed Laguna Honda Hospital Bond Initiative (Proposition A):

Lee Ann Monfredini
Mitchell H. Katz, M.D.
Louise Renne
Jean McClatchy Bricker
Charles Levinson
Robert Neil
Laney Whitcanack
Tony Irons
Tangerine Brigham
Larry Funk
Anthony G. Wagner
Doris Mitchell
Sal Rosselli
Joan Braconi
John Marshall
Oletha Hunt, CNA

President Monfredini described each persons contribution to the campaign and expressed her personal appreciation to the team.

Commissioner Guy thanked President Monfredini for her leadership and acknowledged the overwhelming voters' support (well over the required 2/3 vote) for this bond measure.

Jean McClatchy Bricker, Doris Mitchell, and Oletha Hunt were not present. Sal Rosselli was present but had to leave prior to the presentation.

6) FOLLOW UP REPORT ON THE CITYWIDE MILLENNIUM PLAN

Anne Kronenberg, Director of External Affairs, submitted a document (Attachment A) detailing the millennium celebration. She also submitted the final version of the DPH Millennium Celebration Response Plan and external materials produced by DPH for the millennium weekend.

Ms. Kronenberg reported that the Department of Public Health spent 6 months in a comprehensive, department-wide planning process with other city agencies and private health providers preparing for the New Year's eve celebrations. The extensive planning process can be credited with the overwhelming success of the weekend celebrations.

The Field Care Clinics provided services to over 200 revelers. Had these clinics not been operational, the ambulance providers and emergency departments would likely have been overwhelmed.

Commissioner Umekubo thanked Ms. Kronenberg for her work and also acknowledged the leadership of Dr. John Brown and the private hospitals.

Commissioner Chow stated this system developed for special events could be a model for other cities.

Dr. Katz commented on the positive joint collaboration among all of the City Departments (i.e. Public Health, Fire, Police, Sheriff).

Nathan Nayman commented that this planning process success resulted from the private and public sectors setting aside differences and keeping focused on the goal.

On behalf of the Commission, President Monfredini thanked the Department and Ms. Kronenberg for an excellent and comprehensive response plan.

7) **OTHER BUSINESS/PUBLIC COMMENTS****

None.

The meeting was adjourned at 4:40 P.M.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment

DPH Millennium Mission Statement

The Mission of the Department of Public Health Millennium Work Group is to ensure the health of all San Franciscan's and visitors for the 4-day millennium celebration by promoting health prevention and by planning coordinated response efforts with the goal of keeping San Francisco emergency room/trauma visits to the lowest possible level by preventing injuries, and by triaging and providing services on site.

"Mellow Millennium " Planning

We began last spring with the hope that careful planning would result in a peaceful celebration and that emergency room visits could be confined to those requiring emergency care. The DPH Millennium Planning work group had representatives from each division and discipline throughout the Department. In addition, the group had representatives from the Fire Department, Police Department, Sheriff, Mayor's Office, Chief Administrator's Office, the Army and Rock Medicine. This group was used to problem solve and to ensure consistent communication and flow of information. In planning our response efforts, the DPH Work Group kept in mind the needs of San Francisco's culturally diverse population, the mentally ill, alcohol and substance users and the City's large homeless population. (Attachment 1 – The San Francisco Department of Public Health Millennium Celebrations Response Plan)

The Department's EMS section worked with the receiving hospitals to ensure they were briefed on the City's millennium plans and to obtain their commitment to participate fully in the delivery of millennium health care services. San Francisco hospitals came to the plate and were full partners in our efforts to achieve a mellow millennium. Each hospital operated with increased staffing levels utilizing the Hospital Emergency Incident Command System (HEICS) for planning and operations. Throughout New Year's Eve, DPH staff at the City's Emergency Command Center on Turk Street communicated with the hospital command centers to ascertain status and capacity. (Attachment 2 – Millennium Celebrations Response Plan for San Francisco Receiving Hospitals)

Prevention Messages

DPH was successful in distributing prevention messages through a variety of venues. The Department's Public Information Officer, Eileen Shields, worked with the news media and the Mayor's Office to create a 'health watch' over the New Year's weekend. Ms. Shields was successful in setting up numerous informational interviews during the month of December with radio, television and print media. A series of press releases enumerated healthy millennium messages, stressing the need to plan ahead, drink moderately and to take public

transportation. In addition, she sent out reminders to "Make the Right Call 9-1-1 Protocols". (Attachment 3 – Millennium messages, Make the Right Call)

Information on all the field care clinics was distributed through media advisories and a number of other creative distribution methods. Card size maps displaying the field care clinic sites, in multiple languages were distributed to all the major hotels to be left in patron rooms. The Department's environmental health inspectors distributed these cards during the last two weeks of December as they did routine restaurant inspections. Bart, MUNI and SamTrans all agreed to put these cards on their buses. In total over 300,000 cards were distributed. In addition, MUNI posted larger bus cards with maps in half their fleet. (Attachment 4 – Field Care Clinic Map in multiple languages)

Emergency medical landings routinely take place at Pier 94-96. This is a considerable distance from San Francisco General Hospital. Planners felt it was imperative to have a closer helicopter-landing site for the millennium weekend in the event of a catastrophic occurrence. One exciting byproduct of millennium preparations was the temporary approval and designation of a helicopter-landing site at Rolph Field across from SFGH for the weekend. On December 28th, DPH in collaboration with Police and Fire held a landing drill at Rolph Field. Neighbors were notified what to expect in advance through the media and distribution of multi-lingual flyers door to door. (Attachment 5 – Helicopter Media Advisory and Flyers) The landing was a tremendous success and the Department will pursue the possibility of establishing a closer permanent medical landing site.

Field Care Clinics

DPH is very pleased with the success of the innovative Field Care Clinic model (FCC) used New Year's eve. This model, based on Rock Medicine's medical response at concerts, was implemented at each planned venue in the City and at two unplanned sites where spontaneous parties were anticipated. In addition, DPH staffed two impromptu jails using the same FCC model. Below is a matrix of each of the sites and the visits seen at each clinic New Year's Eve. Combined over 200 individuals were seen in the FCC's. Had these clinics not been operational, San Francisco ambulance providers and emergency departments would likely have been overwhelmed. DPH checked all the hospital emergency rooms throughout the night, and although most hospitals reported a steady stream of patients, none of the emergency rooms in the City had to go on diversion. This is truly remarkable and we believe attributable to the FCC's. (Attachment 6 - DPH Field Care Clinics Logistics Plan)

Field Care Clinic	Ambulance Transports	Total # of Patients per Venue
Castro – Mission		3
Chinatown		0
Embarcadero Justin Herman	7	29
Embarcadero Pier 3	1	12
Embarcadero South	2	9
Union Square	0	5
Civic Center	1	26
Haight Ashbury	0	6
Pier 31 – Impromptu Jail	6	52
850 Bryant	1	74
Total # Patients seen at all FCC's		216

Juvenile Intake – Diamond Heights - Data still pending

Y2K Technical Rollover

New Year's Eve the Department experienced one isolated technical glitch with the SMS system dealing with pharmaceutical ordering. At 9:05 the malfunction was noted, and SFGH immediately converted to paper backup. It was soon discovered that this particular application had been programmed by SMS for Eastern Standard Time. At midnight the problem self corrected. Patient care was never in jeopardy.

As of noon January 3rd, the MIS Y2K team has reviewed the status of all computing and network devices as well as all software application systems. All items that might have been affected by the millennium conversion have been assessed as fully operational. Help desk staff report that problem calls since the millennium have all been routine in nature.

The Department's Information Technology staff will continue to closely monitor the status of all items as the work week progresses.

Congratulations and Follow up

Although the evening did not evolve into the rapid-response mode for which we had prepared, the months and weeks of planning down to the essential details served as a good basis for emergency preparedness both within the Department as well as with other City agencies. The atmosphere everywhere was buoyant. People who worked on New Years Eve were responsive and energized by the team work and the very clear mission to care for those in need of assistance.

We will take the lessons learned New Year's Eve and use them to revise the Department's Emergency Operations Plan. We fully expect to use this new model in the future as need arises.

Lee Ann Monfredini
President

David J. Sanchez, Jr., Ph.D.
Vice President

Debra A. Barnes
Commissioner

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

January 18, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 1 3 2000

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1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING JANUARY 4, 2000**

*Proposed January 4, 2000 Minutes.

3) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT** (Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

4) **BUDGET COMMITTEE ITEM**
(Commissioner Ron Hill)

CHN-Administration – Request for approval of contract modification with UCSF Stanford Health Care (UCSF SHC) in the amount of $850,000 to provide tertiary care services targeting medically indigent adults for the period of January 1, 2000 through June 30, 2000. The total contract amount will be $3,400,000 for the period July 1, 1998 through June 30, 2000. (DPH contracted with UCSF SHC) for services totaling $1,705,000 during FY 98-99).
*Contract Summary

5) **PROPOSED ACTION: ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **FOR DISCUSSION ONLY: PRESENTATION OF THE 1999 SFGH COMPETENCY REPORT**
* Competency Report

7) **FOR DISCUSSION ONLY: UPDATE ON EQUAL ACCESS TO MENTAL HEALTH SERVICES**
* Update Report

8) **FOR DISCUSSION ONLY: PRESENTATION OF THE GOVERNOR'S STATE BUDGET**
* Overview of Budget

9) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

****Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

Roma P. Guy, M.S.W.
President

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 18, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 27 2000

SAN FRANCISCO
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 4, 2000

Action Taken: The Commission unanimously adopted the minutes of January 4, 2000.

3) DIRECTOR'S REPORT

(Provides information on activities and operations of the Department).
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Governor Davis' State of the State Address

On January 5, 2000, Governor Gray Davis delivered his State of the State Address. The primary focus of Governor Davis' address was education, though he also addressed, to a much lesser extent, health care for the elderly, transportation and public safety. With regard to health care, Governor Davis' proposals relate largely to health care for the elderly, but also address the elimination of Medi-Cal fraud. The Governor supports community-based alternatives to care in a nursing home.

However, recognizing that there will continue to be a need for nursing home care, the Governor also proposed changes to nursing home regulations. Following are the Governor's health care proposals:

- $500 tax credit for the elderly or their caregivers for the cost of special assistance provided at home
- Increased wages for in-home support service workers
- Expanded coverage of out-of-pocket costs for disabled seniors
- $20 million this year, and $500 million over 10 years, funded in partnership with the private sector, to expand adult day care facilities, community centers and full-service residential centers
- Tightened financial requirements for nursing homes
- 200 additional nursing home investigators
- Increased fines for negligence in a nursing home that leads to death of an elderly resident
- Increased wages for nursing home workers
- Increased training opportunities for nursing home workers
- $26.2 million for the elimination of Medi-Cal fraud

Ryan White CARE Act

The tentative 2000-01 Ryan White CARE Act award for the San Francisco Eligible Metropolitan Area (EMA) is $35,246,477, down $972,000 from last year. This represents a 2.8% decrease. The San Francisco EMA includes Marin, San Francisco and San Mateo counties. Pursuant to the hold harmless clause in the current Ryan White CARE Act formula, San Francisco generally experiences an annual decrease of approximately 1% to 1.5%. San Francisco will experience a greater reduction in the upcoming year due in part to across the board funding cuts in federal Health and Human Services budgets. Additionally, pursuant to the AIDS State of Emergency declared by the Congressional Black Caucus in 1998, a portion of the CARE Act appropriations have been directed to areas where the epidemic is disproportionately represented in persons of color. The Department is currently working with the Department's HIV Services staff, and the Ryan White Planning Council to determine how to manage the reduction.

Strategic Planning Initiative

Since the last report to the Health Commission, the Department's strategic planning initiative has focused its work on:

- Adopting guiding principles for the initiative, and
- Approving the communications plan.

Dr. Katz attached copies of the guiding principles, a flyer announcing the first series of community meetings and the updated work plan indicating progress to date.

The guiding principles are based on the belief that the Department must take a broad view of health, better utilize health data (qualitative and quantitative), ensure comprehensive and integrated services, and emphasize prevention. The communications plan describes the strategy for assuring that there is broad and diverse input into this effort from staff, consumers and the public-at-large. The first series of community meetings will be held later this month. Both the guiding principles and the communications plan are accessible via the Department's Strategic Planning web site (www.dph.sf.ca.us/stratplan). In addition, an electronic mail address has been created, (StrategicPlanning@dph.sf.ca.us), to provide the public and staff with an opportunity to provide comments on this effort.

Over the next several weeks, the Populations and Program Sub-Committee will be developing its recommendations to the strategic planning questions concerning populations served by the Department. The Finance Sub-Committee will resume its meetings in February 2000 after the Department's proposed 2000 budget has been approved the Health Commission. The City Attorney's Office is assisting in our strategic planning effort by reviewing and summarizing the numerous mandates that relate to public health and health care services.

Dr. Katz will continue to keep the Health Commission apprised of this effort as it proceeds.

Journal Article on Unmet Needs for HIV-Infected Persons

The journal *Medical Care*, last week published a national study showing substantial need and unmet need for supportive services among HIV-infected persons. In the study, two-thirds of the sample needed at least one supportive service: 43% needed benefits advocacy, 33% needed emotional counseling, 19% needed housing, 17% home health care, and 10% needed substance abuse treatment.

Among those in need of services, 40% did not have their needs for services met. The specific unmet needs in diminishing order was for benefits advocacy (35%), substance abuse treatment (28%), emotional counseling (25%), home health care (17%), and housing (16%). The Department believes the study underscores the importance of adequate-funding and reauthorization of the Ryan White CARE Act to help jurisdictions such as San Francisco help pay for crucial supportive services.

POPULATION HEALTH AND PREVENTION

Emergency Medical Services System Report

Dr. Katz had attached a detailed report on the Department's EMS Section, including updates on the SFFD - Paramedic merger, hospital diversion, and specific EMS program updates.

Of special note is preliminary data on the 1 and 1 pilot project indicating that ambulances staffed with one EMT and one paramedic safely and effectively respond to medical calls as an integrated component of the SF EMS system.

The 1999 average percentage of time for all SF Hospitals on Critical Care Diversion was lower than in 1998, but total diversion steadily increased. The months of millennium planning paid a dividend and helped San Francisco hospitals prepare for the flu season. All local hospitals, including SFGH, invoked their internal response mechanisms to manage the increase in-patient demand.
The overall impact of the Mt. Zion closure on flu season is unknown at this time, but the EMS Section is doing a review this Spring that will give the Commission a "before and after" closure snapshot.

Dr. Katz reported that the Disaster Registry Program for seniors and persons with disabilities reached several milestones late in 1999. Lock boxes including registrants' names were delivered to all the SFFD Battalion Stations.

Children, Youth and Family Program's New Childcare Health Unit

The Children Youth and Family Program is pleased to announce the formation of a new Childcare Health Unit. Four public health nurses will staff the program: Marcia Livingston, Johanna Solorzano-Montano, Veronica Thorne-Dixson and Jimmy Yan.

The overall objective of the Childcare Health Unit is to improve the health and safety outcomes for San Francisco children in childcare. The commitment of the unit will be to promote quality childcare by advocating and coordinating the linkages between health, safety and childcare. This will be accomplished by providing health and safety consultation services to the childcare community through

Childcare Health Consultants in the county public health system. Initially, four designated CalWORKS childcare centers will receive consultation services. By focusing on these centers, the Childcare Health Unit will develop program objectives to increase access to quality health and childcare services for all San Francisco families.

Sistah, Sistah Program Receives Grant From Union Bank

Union Bank of California, Bayview Branch, has awarded the Sistah, Sistah Program a $10,000 grant to be used in program activities. Sistah, Sistah is a home-visiting program that works with pregnant women and their families to help prevent child abuse and promote the development of healthy infant practices in the home. The program is funded by the State of California through the San Francisco Department of Public Health. Services include: in-home visits by trained staff, weekly parenting classes, job and medical referrals, child development classes, family support services and a group for fathers called Navigator Group.

Hepatitis C Forum

CSAS and the community-based organization SAGE are sponsoring a forum on Hepatitis C on January 31st at Fort Mason. John Tindall, Lac founder and Director of the Yuan Traditional Medicine College will present information about natural health care approaches to treating and managing Hepatitis C.

Afrocentric Parenting Conference

On February 11, the Black Infant Health Improvement Project will present the Fifth Annual Afrocentric Parenting Conference. The purpose of the Conference is to share practical, theoretical, spiritual insight and enhance knowledge and skills for parenting and the African-American family. The conference will feature Joseph Dullin, the founder and Executive Director of the National African American Parent Involvement Day, a national call to Black parents and educators for more participation in schools.

Season for Bacterial Meningitis

On January 18th, a public health reminder was sent to hospital ERs and ER physicians reminding them that winter months are the season for bacterial meningitis along with recommendations for work-up and treatment. There have been five cases of bacterial meningitis in the past month, a slight increase over winter months in previous years.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital Replacement Project Process Begins

Request for Qualifications Released

Significant strides have been made in initiating the LHH Replacement Project process. The Department of Public Health and the Department of Public Works have issued a Request for Qualifications (RFQ) for the project's Executive Architect. On Tuesday, January 11th, the RFQ was presented to the architectural/engineering professional community in Simon Auditorium at Laguna Honda. Approximately 100 potential applicants were present at this meeting. February 15th is the deadline for responses for the RFQ. During February, a Technical Review Committee will screen the applications to identify those that meet the minimum qualifications. A short list of the best applicants will then be selected for interviews.

A selection panel will interview applicants on the short list and select the very best executive architect for the project. Final selection is tentatively scheduled for March 24th. We expect the architect's contract to be consummated within a few weeks thereafter, and the design work to commence this Spring.

Environmental Impact Report Process Initiated
Department staff has filed an application to begin the Environmental Impact Review (EIR) for the project with City Planning. The firm Impact Science Incorporated has been selected by City Planning to perform the initial environmental review. The review will focus on transportation and historic preservation issues along with other required environmental elements. It is expected that the entire EIR process will take approximately one year to complete.

HUD Funds Available for Application
The Mayor's Office has received notification from the United States Department of Housing and Urban Development that the City may apply for $750,000 in development funds for the LHH Assisted Living Project. These funds are a direct result of advocacy by our State Senator, Dianne Feinstein. Our staff will meet with representatives from the Mayor's Housing Department to develop the application. The housing component will be coordinated under the master plan for the project by the City Architect.

Project Management Team Being Planned
There have been several meetings with the City Architect and representatives from the Department of Public Health and the Department of Public Works regarding the development of a management team for this project. The scope of the project requires a number of professional disciplines to successfully manage the project. Those departments with direct responsibility for the project will have representatives on the project management team. Dr. Katz will continue to provide the Commission with periodic progress reports on the Replacement Project.

Balboa Teen Health Center Grant
The Community Health Network's Balboa Teen Health Center recently received a $370,185 grant from the California Endowment "Communities First" program to fund Phase II of the Center's Partner Support Program. The Partner Support Program is an innovative program that seeks to improve the self-esteem of at-risk adolescents attending Balboa High School to reduce high rates of teen pregnancy and sexually transmitted diseases and to prepare students for the worlds of work and college. Phase I of the program focused on sexuality issues. Phase II will expand the focus to promote positive decision-making by individuals as they confront a variety of options in their lives that could lead to positive or negative outcomes. It will also seek to increase the number of male students involved in the program. Dr. Katz extended his congratulations to Michael Baxter, Teen Health Center Director, and Jan Murphy, CHN Primary Care Administrator.

The documents attached to the Director's Report are available in the Commission Office, 101 Grove Street, Room #311, (telephone 554-2666).

4) **BUDGET COMMITTEE ITEM**
(Commissioner Ron Hill)

CHN-Administration – Request for approval of contract modification with UCSF Stanford Health Care (UCSF SHC), in the amount of $850,000, to provide tertiary care services targeting medically indigent adults for the period of January 1, 2000 through June 30, 2000. The total contract amount will be $3,400,000 for the period July 1, 1998 through June 30, 2000. (DPH contracted with UCSF SHC) for services totaling $1,705,000 during FY 1998-99).

Action Taken: The Commission approved the contract modification in the amount of $850,000.

5) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

Commissioner Hill nominated Commissioner Roma Guy for President, with a second by Commissioner Monfredini.

Commissioner Parker recommended to close the nominations.

Action Taken: The Commission elected Commissioner Roma Guy as the President for the year 2000.

Commissioner Sanchez nominated Commissioner Umekubo for Vice President, with a second by Commissioner Hill.

Action Taken: The Commission elected Commissioner Umekubo as the Vice President for the year 2000.

President Guy announced that she and Commissioner Parker have been reappointed by the Mayor to the Health Commission. Commissioner Guy thanked her colleagues for their support. She acknowledged and thanked Commissioner Monfredini for her leadership role in the passage of Proposition A (Laguna Honda Hospital Bond), the amended Policy #24, and designation of prevention as a high priority for the Commission.

Commissioner Monfredini thanked her colleagues for their support during her 2-year presidency. She is proud of her work on the passage of Prop A, the amended Policy #24, and the inception of the monthly Employee Recognition Awards,

Vice President Umekubo thanked his colleagues for their support. During his first year on the Commission he has gained much insight into health care in the City and County of San Francisco and looks forward to the challenges and working with the Department and his colleagues.

Commissioner Sanchez thanked and complimented Commissioner Monfredini for her leadership.

6) **PRESENTATION OF THE 1999 SAN FRANCISCO GENERAL HOSPITAL COMPETENCY REPORT**

Gene O'Connell, Executive Administrator for San Francisco General Hospital, presented the annual staff competency report. It included:

- A summary of our employees' performance appraisal ratings
- Problem areas identified for employees with poor ratings
- Education plan to address problem areas and support the employees

A copy of this report is available in the Commission Office, 101 Grove Street, Room #311.

Commissioner Monfredini complimented staff for an improved report and acknowledged the hard work to produce this report.

Ms. O'Connell acknowledged Rod Auyang of Human Resources, and Doreen Dare, R.N., M.S., Director of Training and Education.

7) UPDATE ON EQUAL ACCESS TO MENTAL HEALTH SERVICES

Louise Roger5s, Planner for the Mental Health Division, presented a status report on the implementation of the Mental Health Plan and single standard of care policy in FY 1998-99. (Attachment A).

President Guy thanked Jo Ruffin, Director of Mental Health Services, and her staff, for the report and the important and useful data. She also acknowledged the public for advocating and encouraging the Health Commission to support this mental health policy.

8) PRESENTATION OF THE GOVERNOR'S STATE BUDGET

Tangerine Brigham, Director of Policy and Planning, provided this overview of the health related provisions of Governor Davis' proposed 2000-01 State budget:

Governor Davis released his proposed 2000-01 budget on Monday, January 10, 2000. The budget proposes total expenditures of $88.1 billion, $68.8 billion of which is attributed to the State's General Fund. This represents the largest budget the State of California has ever had.

The Governor's budget message made particular note of capital gains taxes which increased by 28% between 1997 and 1998, by another 22% in 1999, and are budgeted for no increase or modest decline in 1999. Since this is a particularly volatile and unreliable source of revenue, the Governor's budget, as it did last year, earmarks a substantial portion of the budget for one-time expenditures, such as construction of new State buildings and highways.

More than half of the State's General Fund expenditures (53.5%) is proposed in education. Expenditures for kindergarten through 12th grade are up $28 billion, (6.25%) from last year. Spending on higher education has increased 11%, with an additional $8.8 billion budgeted for 2000-01. The Governor's budget also includes $7.5 billion for transportation projects across California, including more money for light rail, Caltrain service in the San Jose area and San Francisco Bay ferries. The Governor's proposed spending on public safety would rise 2.7% to $7.3 billion. The proposed budget, however, offers little new financial help for cities and counties.

For health and human services, the Governor has proposed General Fund expenditures of $18.9 billion, up 5% from last year. Many of the proposed increases are maintenance of need and caseload increases rather than program expansions. These programs include Access for Infants and Mothers (AIM), Healthy Families, the Breast Cancer Early Detection Program, the Child Health and Disability Prevention (CHDP) Program, the California Children's services (CCS) Program, and the Genetically Handicapped Persons Program.

The proposal also budgets $3 billion for environmental protection.

The health related issues included Medi-Cal, the Aging with Dignity Initiative, public health, behavioral health, Healthy Families, Department of Managed Care, and Tobacco Settlement funds.

A copy of the full report is available in the Commission Office, 101 Grove Street, Room #311.

Dr. Katz pointed out this State budget is an improvement over previous years. He also stated the State Senate and Assembly are not all sold on the large fraud problem. There are more needs for health care services.

President Guy pointed out that State Senate Pro Tem John Burton has mental health and homelessness as high priorities.

Ms. Brigham will keep the Commission informed on the health related State budget actions.

9) **OTHER BUSINESS/PUBLIC COMMENTS**

President Guy announced that she will be making and announcing her appointments of Commissioners to the Commission Committees within the next 72 hours. This information will be available in the Commission Office (554-2666).

All of the Commission Committees will be open to the public. President Guy is open to changing and evaluating the Committee structure, with input from staff and the public.

The meeting was adjourned at 4:45 P.M.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Health Commission Update-- January 18, 2000
Mental Health Plan Single Standard of Care Policy Implementation

INTRODUCTION

This report is an update on the status of Community Mental Health Service's (CMHS) effort to implement the single standard of care policy for all San Franciscans who need mental health treatment. The policy was adopted by the Health Commission and the Department in 1998, after CMHS started operations of the San Francisco Mental Health Plan and expanded access to care to all Medi-Cal beneficiaries as part of the State mandated shift to managed care. The policy endorsed CMHS's plan to use the same clinical criteria to determine access to care for uninsured individuals as for Medi-Cal beneficiaries. Both the policy and the State mandate were expected to have the effect of increasing the numbers of individuals served, compared to prior years when CMHS served only the seriously mentally ill. The goal for this expansion was to increase the chances of improving client outcomes, and to reduce utilization of costly acute mental health and health services by providing earlier access to care. However, it was also recognized that the funding available to implement the policy might not be adequate to serve all those uninsured individuals seeking treatment.

The data for FY 98-99 demonstrates progress in the implementation of the San Francisco Mental Health Plan and the single standard of care policy. The San Francisco Mental Health Plan has operated on budget and served more new uninsured clients than were estimated in the report provided to the Health Commission on October 13, 1998. Although the Mental Health Plan continues to receive claims for FY 98-99 services, and therefore all FY 98-99 payments have not yet been made, the data does indicate trends based on last year's experience.

NUMBER OF NEW CLIENTS SERVED

- **The Mental Health Plan served 8,529 new clients in FY 98-99,** of whom 39% (3,352) were uninsured. Seventy-one percent of the new uninsured clients (2,364) were served by our system of care clinics, and the remaining 29% (988) were served by our private practitioner network. Some clients initially identified themselves as uninsured but later were found to have Medi-Cal or gained it between the time they were authorized for treatment and claims were received.

SFMHP FY 98-99 New Clients Served

Referred to	Uninsured Clients Served	Medi-Cal Clients Served	Total Clients Served
Priv. Practitioners	988	3143	4131
Clinics	2364	2034	4398
TOTAL	3352	5177	8529

PERCENTAGE OF CLIENTS REFERRED WHO RECEIVED TREATMENT

- **The Mental Health Plan delivered services to 82% (8,529) of the 10,345 clients who were referred for treatment, with a slightly higher "show" rate for Medi-Cal clients (86%)**

than for uninsured (78%). This is shown in the next table. The no-show and dropout rates will be the focus of targeted efforts this year to incorporate more follow-up and linkage in the programs that serve more difficult to reach clients. An analysis of the show rate by demographic category, attached, did not reveal clear departures from the overall rates. Homeless individuals, who were 9% (737) of the total number served, had an 86% "show" rate. The analysis confirmed the diversity of the new client population and the importance of continuing to expand the availability of culturally competent resources to serve them. An initial customer satisfaction survey of 144 clients indicated that overall satisfaction was high, but some clients complained of excessive wait times for appointments. We will be looking at this issue on a more systemwide basis and identifying overall capacity expansion needs in the FY 00-01 budget process. The prevalence of excessive waits could contribute to the no-show rate.

Percentage of Clients Referred for Treatment Who Received Treatment

Payer	Clients Referred for Treatment	Clients Actually Served	% Served
MediCal	6026	5177	86%
General Fund	4319	3352	78%
TOTAL	10345	8529	82%

FY 98-99 EXPENDITURE

- **The Mental Health Plan's payments to private practitioners for services delivered within FY 98-99 will be covered by the approved FY 98-99 budgeted amount of $3,326,987.**

Based on the amount of care we authorized, and monthly payments based on date of service, we expect the FY 98-99 expenditure to total between $3 and $3.3 million dollars, once all claims have been received.

FY 98-99 Summary of Private Practitioner Referrals

Payer	Clients Refd	Clients Served	% Shows	$ Paid per Client
MediCal	3441	3143	91%	$590
General Fund	1310	988	75%	$598
TOTAL	4751	4131	87%	$592

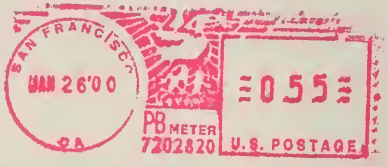
We believe the lower than expected cost per client ($592) is the result of delayed billing from practitioners, the no-show rate for private practitioners (13%), and clients using fewer than expected services.

Thirty percent of the treatment authorized was for foster care children and their family members and caretakers, whose "show" rate has been 69%. Through a collaboration with the Department of Human Services, we have been working to increase the number of foster care children who make it into treatment successfully. Sometimes this involves referrals to multiple

practitioners in collaboration with child welfare workers, though only one practitioner accepts the referral. In FY 99-00, the Department of Human Services (DHS) has work-ordered funds to CMHS to help pay for services for foster care children and their family members and caretakers. We are proposing to increase the budgeted Medi-Cal revenue in our FY 00-01 budget in order to increase services to foster care children that year.

Our FY 99-00 budget of $4,090,657 for private practitioner services includes the DHS work order, additional Medi-Cal for foster care children, and the Healthy Families and Healthy Workers revenue from the San Francisco Health Plan. The FY 99-00 budget will be sufficient to accommodate increases in utilization in the private practitioner network that may occur if we are successful in decreasing the no-show rate.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102



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John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

February 1, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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JAN 27 2000

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 18, 2000**

3) **PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Administration –** Request for approval to accept and expend a gift of $96,154 bequeathed to San Francisco General Hospital by the estate of Kathleen Mason.
*Calendaring Request Memo, Board of Supervisors Resolution and Request Letter.

(3.2) **CHN-Office of Managed Care –** Request for approval of an Administrative Services Agreement between the Department of Public Health, CHN and UCSF Stanford Health Care, on behalf of UCSF Medical Center and the UCSF Stanford Medical Group Facility at UCSF, to provide administrative services to their enrollees of the San Francisco Health Plan, for the period of January 1, 2000 to December 31, 2000.
*Calendaring Request Memo.

(3.3) **PHP-CSAS –** Request for approval to accept and expend a new grant from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, in the amount of $475,000, for three years, for the creation of a community based medically managed detoxification program, with a sole source modification to the contract with Baker Places. Inc.
*Grant Request, Grant Application Information Form, Sole Source Request Form.

(3.4) **CHS-HIV Health and Prevention Services –** Request for approval of new retroactive contract with CompassPoint Nonprofit Services, formally known as the Support Center for Nonprofit Management, in the amount of $252,000, to provide consultation and technical assistance services targeting HIV Health Service CARE providers, for the period of November 1, 1999 through February 29, 2001.
*Contract Summary, Client Demographic Information.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION ONLY: PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH FY 1999-00 REVENUES AND EXPENDITURES FOR THE FIRST SIX MONTHS**
*Revenues/expenditures information.

FOR DISCUSSION AND POSSIBLE ACTION: PRESENTATION AND CONSIDERATION OF A DEFICIT REDUCTION PLAN FOR FY 1999-00
*Proposed plan.

6) **FOR DISCUSSION ONLY: PRESENTATION OF THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO AFFILIATION AGREEMENT**
*Overview of the UCSF Affiliation Agreement.

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 1, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Lee Ann Monfredini at 3:05 p.m.

Present: Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 18, 2000

Action Taken: The Commission unanimously adopted the minutes of January 18, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH-Administration –** Request for approval to accept and expend a gift of $96,154 bequeathed to San Francisco General Hospital by the estate of Kathleen Mason.

(3.2) **CHN-Office of Managed Care –** Request for approval of an Administrative Services Agreement between the Department of Public Health, CHN and UCSF Stanford Health Care, on behalf of UCSF Medical Center and the UCSF Stanford Medical Group Facility at UCSF, to provide administrative services to their enrollees of the San Francisco Health Plan, for the period of January 1, 2000 to December 31, 2000.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT**
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).
(Mitchell H. Katz, M.D., Director of Health)

POPULATION HEALTH AND PREVENTION

Pedestrian Safety

In response to the increase in pedestrian injuries and fatalities, the Community Health Education Section (formerly Health Promotion) of CHP&P, is involved in a number of collaborations that support community actions for safer streets.

The Mission and Tenderloin neighborhood "Safe Communities" planning grant was funded by the State Department of Health Services January 1, 2000. St. John's Educational Threshold Center, San Francisco Neighborhood Safety Partnership and Walk San Francisco, will work with the Health Department to develop local strategic planning to reduce pedestrian injuries. The State will consider proposals for implementation funding based on this planning process.

The California Office of Traffic Safety (OTS) has awarded CHP&P a 2-year grant of approximately $450,000 for a "San Francisco Pedestrian Safety Project," scheduled to start in April 2000. This project will include data linkage efforts, bringing together Police, Emergency Response, Paramedic and Parking and Traffic Engineering data to develop a basis for targeting and evaluating interventions, with the collaboration of Community Health Epidemiology and the San Francisco Injury Center. The Community Health Education Section will initiate a Community Capacity Building effort that will provide mini-grants to community groups organizing to improve pedestrian safety.

The Community Health Education Section has been part of the Traffic Calming Technical Working Group of the San Francisco County Transportation Authority. A recommended set of guidelines for traffic calming, with a priority on pedestrian and bicycle safety, and a proposal for continued involvement by the Health Department in the community education and advocacy aspects of traffic calming, went to the Commissioners on January 24, 2000. Michael Radetsky, from the Health Education Section, will be a "resource person" for the workshop on "Pedestrian Safety, Traffic Calming and Walkability" at a daylong forum being put on by the U. S. Department of Transportation at the Fairmont Hotel on February 8, 2000.

Crisis Intervention at Cobb School

Sai-Ling Chan-Sew of CMHS received a call from the Department of Children, Youth and Families (DCYF) January 19th, requesting help with a critical incident at Cobb School. A paroled father, under restraining order to stay away from his son, had called the school and threatened to harm the principal if she prevented his visitation.

Sai-Ling was asked to go to school to facilitate a discussion between the police, SFUSD administration, and DCYF, regarding the best plan for the identified student. She facilitated a meeting with all the parties that afternoon. She then met with the staff and parents to identify issues of immediate concern for the rest of the student body.

On January 20th, Sai-Ling returned to the school with Keith Hutchinson, the director of Child Crisis and met with administrators, the principal, and teachers. They went through the issues listed the day before, and created action plans and point person for the plan. Staff expressed moderate to high level of anxiety and fear. Sai-Ling spoke to some of the staff individually, and Keith deployed two Child Crisis staff to be stationed at the school for the remainder of the day to speak with teachers and staff. The father turned himself in later that same day.

COMMUNITY HEALTH NETWORK

New Mission Pediatric Clinic Site

Beginning February 7, 2000, the Castro-Mission Health Center (CMHC) will be stationing its Monday afternoon Mission Pediatric Clinic at the site of CARECEN (Central American Resource Center), 1245 Alabama Street near 24th Street. The target population is Spanish speaking families with infants to 12 year-olds. Wellness services will be provided, including immunizations. For continuity of care, referrals will be made to primary care providers at San Francisco General Hospital's Children's Health Center (6M) or the Family Health Center, and CMHC.

SFGH Medical Staff Credentials Report

	Jan/00	1999 YTD
New Appointments	23	211
Reinstatements	4	
Reappointments	32	417
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	12	201
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	1	29
Voluntary Relinquishment	0	6

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH FY 1999-00 REVENUES AND EXPENDITURES FOR THE FIRST SIX MONTHS

PRESENTATION AND CONSIDERATION OF A DEFICIT REDUCTION PLAN FOR FY 1999-00

Monique Zmuda, Chief Financial Officer, gave the 2nd quarter FY 1999-00 Revenue and Expenditure Report, with a proposed reduction plan addressing the deficit, (Attachment A).

Commissioner Parker pointed out the biggest problem is the shrinking reimbursement rates, having to sacrifice our infrastructure, thereby having our healthcare system to crumble. He encouraged the Department to find other ways to correct the deficit.

Commissioner Umekubo observed that as Department revenues stay the same or decrease, the Department is always "catching up."

President Guy appreciates the Department giving the facts, even though it is not good news. These trends at the State and Federal levels have been anticipated. Additionally, our population mix is changing; and there is a need for more chronic care and less acute care. That is why the Commission requested the Department to develop a Strategic Plan. Simultaneously with the development of this Strategic Plan, the Department has to address a deficit within the present fiscal year. To compound this dilemma, there are no new monies to invest in any changes in direction or priorities. The Commission, by consensus, directed the Department to move forward with its deficit reduction plan.

Public Speakers:

Johnnie Burnside, SFGH patient, opposed the move of the UC Renal Dialysis Unit from SFGH to another neighborhood; this will cause hardship to patients.

Ann Kyle, SFGH patient, wants Renal Dialysis unit to stay at SFGH.

Shannon Coughlin, CHRIA, patient advocate, promotes universal healthcare; is in close contact with patients and providers; encouraged Commission not to live within the budget.

Nora Roman, R.N., Emergency Coalition to Save Public Health, stated the healthcare system is already decimated and is in a crisis; SFGH is behind in submitting Medicare billing; look at ways not to cut the budget.

Dale Butler, SEIU Local 790, stated this is an unacceptable plan to cover the deficit; referred to a booklet "State of Health Issuance" at: ***http//chpps.berkeley.edu/hpp/***

6) PRESENTATION OF THE UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO AFFILIATION AGREEMENT

Tony Wagner, CHN Executive Administrator; Gene O'Connell, SFGH Executive Administrator; and Dr. Philip Hopewell, UCSF Associate Dean, presented the SFGH/UCSF Affiliation Agreement, which is the framework for the relationship between SFGH and UCSF, and sets forth the agreements and understandings of the parties respective to their responsibilities, rights, obligations and expectations. The contract defines the services purchased by SFGH and the amount paid to the University.

They included in their presentation:

- History
- Budget Process
- Monitoring and Evaluation
- 1999-2000 Budget
- Description of Services
- Utilization of House Staff
- University Contributions

In the changing health care environment that affects both SFGH and UCSF, there are now challenges to both organizations. Within the context of the DPH Strategic Goals and the budget process, both UCSF and SFGH are in the process of reviewing all services.

The full report is available at the Commission Office (554-2666).

Commissioner Umekubo requested clarification on physician professional fees and where those revenues go. These revenues are retained by the University and used to pay for clinical and academic programs only at SFGH.

Commissioner Hill thanked the Department and UCSF for the very informative report.

Commissioner Parker expressed his appreciation for the information and orientation on the Affiliation Agreement. He feels it is essential to have this partnership and observes the partnership to be working well.

President Guy sees the DPH/UCSF partnership as positive; and in these changing times, the budget problems need to be solved as partners. The trend is more focused on population health and community-based care. She also raised the question of productivity studies and their availability.

Ms. O'Connell stated the UCSF Affiliation Agreement has a budget amount of $52,135,170. The preparation of the annual contract budget is done in conjunction with the preparation of the SFGH budget and according to the process outlined in the Affiliation Agreement. The SFGH Administrator and CHN Chief Financial Officer provided the Associate Dean's Office with utilization projections and anticipated changes in the scope of purchased services. The contract budget is then brought to the Executive Administrator of the Community Health Network.

Dr. Hopewell emphasized the interdependence between SFGH and UCSF and the mutual benefits for both parties, including the community as a whole. He cited examples of national models at SFGH in partnership with UCSF, such as the HIV Clinic and the Tuberculosis Center. He also referred to the impact of the research projects at SFGH. Many areas of research (i.e., homelessness, long-term care, and substance abuse) are relevant to the community.

Acknowledging this is the first time the Health Commission has been presented with an actual document on the U.C. Affiliation Agreement, Dr. Katz indicated his goal is to give the Health Commission an opportunity to understand the Agreement and be able to set priorities in relation to the budget. It would be important information to have the number of clinic encounters in relationship to the FTE's in the Agreement. Decisions made on the Agreement would affect the Department and UCSF differently; but priorities for the clinical services would need to be made as partners in the Agreement.

Public Speakers:

Lee North, UCSF patient, expressed support for Dr. Amy Kendrick and his disappointment on her dismissal from the UC HIV Clinic.

Frederick Hobson, Board member of the S.F. Health Plan and U.C. Positive Health Clinic patient, supports Dr. Amy Kendrick; described his experiences with various physicians at SFGH and UCSF; urged the Commission to include in the UCSF Affiliation Agreement standards for quality assurance, patient ratios, access to care, and notification to patients on changing their physicians.

President Guy commented that the information on the Affiliation Agreement helps to set the stage for overall Department budget discussions. She thanked Ms. O'Connell and Dr. Hopewell for their informative presentation.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker:

William Kramer, AFSCME, advocated keeping the UCSF Renal Dialysis Center open and opposed the sale of the Renal Center to a for-profit company.

President Guy announced her Commission assignments for the Committees, (Attachment B).

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

February 1, 2000

MEMORANDUM

TO: President Roma Guy
and Honorable Members of the Health Commission

THROUGH: Mitchell Katz, M.D.
Director, Department of Public Health

FROM: Monique Zmuda
Chief Financial Officer

RE: Revenue and Expenditure Report – 2nd Quarter FY 1999-00

The Department of Public Health is projecting a year-end deficit of $15.4 million for FY 99-00 based on expenditures and revenues for the second quarter ending December 31, 2000. Projections include revenue shortfalls of $11.3 million and overexpenditures of $4.1 million.

Reduction Plan

In response to the projected deficit for the current year, Department staff are proposing a $11.4 million plan to reduce expenditures and increase revenues. If approved, this plan will reduce the projected deficit to $4.0 million by fiscal year-end. The proposed reduction plan is as follows.

Additional revenues for:

- Realignment revenue based on estimates provided by the Controller;
- SB90 revenues held in reserve by the Controller; and
- Medi-Cal revenues reimbursed for administrative activities.

Expenditures include:

- Personnel savings resulting from a freeze on vacant positions;
- Materials and supplies savings;
- Contractual services savings from the delayed start up of new programs;
- Capital and equipment savings; and
- Other operating expenditure savings.

The attached table shows projected fiscal year revenues and expenditures by division with and without the reduction plan. A more detailed discussion of revenue and expense projections as well as the reduction plan are contained below.

Department of Public Health
FY 99-00 Revenue and Expense Projections
2nd Quarter

	REVENUES			EXPENDITURES			SUBTOTAL	Adjustment	TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network									
SFGH	$455,196,591	$445,908,184	$ (9,288,407)	$455,196,591	$455,511,973	$ (315,382)	$ (9,603,789)	$ 3,525,650	$ (6,078,139)
Laguna Honda	122,945,241	124,786,825	1,841,584	122,945,241	125,611,384	(2,666,143)	(824,559)	824,559	0
Primary Care	34,701,247	31,231,781	(3,469,466)	34,701,247	35,356,559	(655,312)	(4,124,778)	921,895	(3,202,883)
Health at Home	3,948,359	3,862,423	(85,936)	3,948,359	3,934,291	14,068	(71,868)	71,868	0
Forensics	21,025,462	21,025,672	210	21,025,462	22,137,603	(1,112,141)	(1,111,931)	310,118	(801,813)
Subtotal	637,816,900	626,814,885	(11,002,015)	637,816,900	642,551,810	(4,734,910)	(15,736,925)	5,654,090	(10,082,835)
Population Health & Prevention									
Central Admin	18,104,231	18,147,135	42,904	18,104,231	17,814,190	290,041	332,945	400,000	732,945
Community Health	54,508,107	54,995,653	487,546	54,508,107	54,162,326	345,781	833,327	200,000	1,033,327
Mental Health	139,855,591	138,655,591	(1,200,000)	139,855,591	140,312,046	(456,455)	(1,656,455)	5,056,455	3,400,000
Substance Abuse	53,629,943	53,993,402	363,459	53,629,943	53,201,802	428,141	791,600	120,000	911,600
Subtotal	266,097,872	265,791,781	(306,091)	266,097,872	265,490,364	607,508	301,417	5,776,455	6,077,872
Total DPH	903,914,772	892,606,666	(11,308,106)	903,914,772	908,042,174	(4,127,402)	(15,435,508)	11,430,545	(4,004,963)

COMMUNITY HEALTH NETWORK

San Francisco General Hospital: Year-end projections show a shortfall of $9,603,789.

Revenues are projected to be $9,288,407 under budget due to:

- a $900,000 deficit for Short Doyle Medi-Cal revenues due to lower than expected reimbursement for acute inpatient psychiatric services. The Short Doyle match is projected to be as budgeted ($8.2 million);
- a $6,895,284 deficit in Medi-Cal based on year-to-date actual revenues;
- a $4,186,590 deficit in Medicare revenues primarily resulting from lower than expected reimbursement;
- a $1,763,530 surplus in patient revenues primarily from additional capitation revenue ($3.8 million) offset by lower than expected IHSS revenue. The IHSS revenue shortfall will be offset by an equivalent savings in work order expense;
- a $929,937 surplus in miscellaneous revenues primarily due to higher than expected capitation fees.

Expenditures are projected to be over budget by $315,382 due to:

- a $2,192,327 deficit from salaries and fringe benefits based on year-to-date actual expense;
- a $1,300,000 deficit in contractual services. This deficit is offset by an equivalent savings in materials and supplies and represents a transfer of expense between budget line items;
- a $1,300,000 surplus in materials and supplies offset by an equivalent deficit in contractual services; and
- a $1,876,945 surplus in workorders to other departments for lower than expected IHSS expense.

Plan to Address Deficit

The proposed plan to address the deficit at San Francisco General Hospital includes $3.5 million in additional revenue and expenditure savings. This proposed plan will reduce the projected deficit to $6.1 million. The proposed plan includes:

- $1.2 million in additional Realignment revenues based on revised estimates from the Controller; and
- Reduction of $2.3 million in operating costs, including materials and supplies, and contractual services.

Current projections for Medi-Cal SB 855 assume revenues of $39 million. This is a $5 million reduction from the $44 million received last fiscal year. However, preliminary indications are that actual revenue received this fiscal year could be less than $39 million. More details will be available in about a month. Department staff will keep the Health Commission informed of any significant revisions in SB855 revenue.

Laguna Honda Hospital: Year-end projections show a shortfall of $824,559.

Revenues are projected to be $1,841,584 over budget due to:

- a $4,137,816 surplus in Medi-Cal revenues primarily due to increased census and an increase in the SNF reimbursement rate of $3.78 per day;
- a $1,742,441 deficit in Medicare revenues primarily due to a shift in payor mix;
- a $448,550 deficit in patient revenues due to an increased allowance for uncollectible accounts; and
- a $105,241 deficit in other miscellaneous revenues primarily due to a decrease in cafeteria meal sales.

Expenditures are projected to be over budget by $2,666,143 due to:
- a $1,666,143 deficit from salaries and fringe benefits based on year-to-date actual expense;
- a $500,000 deficit in materials and supplies primarily due to increased pharmaceutical expense; and
- a $500,00 deficit in workorders to other departments for additional workers compensation expense.

Plan to Address Deficit
The proposed plan to address the deficit at Laguna Honda Hospital includes $824,559 in additional revenue and expenditure savings. This proposed plan will reduce the projected deficit and balance the budget. The proposed plan includes:

- Increasing Medi-Cal and Medicare revenues by increasing billing of physician services, and assuming that State Medi-Cal rate increase for personnel can be applied to the current level of personnel expenditures; and
- Reducing use of temporary nursing time and overtime.

Primary Care: Year-end projections show a shortfall of $4,124,778.

Revenues are projected to be $3,469,466 under budget due to:
- a $2,226,833 deficit in Medi-Cal revenues primarily from lower than expect FQHC revenues;
- a $485,068 surplus in Medicare revenues due to higher than expected reimbursement;
- a $858,486 deficit in Patient revenues based on year-to-date actual revenues;
- a $319,503 surplus in miscellaneous revenues primarily from higher than expected capitation payments; and
- a $1,188,718 shortfall in revenues associated with uncollectible accounts. This shortfall will reduce the actual revenues anticipated from accounts receivable in patient payments.

Expenditures are projected to be over budget by $655,312 from salaries and fringe benefits based on year-to-date actual expense.

Plan to Address Deficit
The proposed plan to address the deficit in Primary Care includes $921,895 in additional revenue and expenditure savings. This proposed plan will reduce the projected deficit to $3.2 million. The proposed plan includes

- Increasing Medi-Cal MAA/TCM revenues by $400,000 for targeted case management and administrative activities; and

- Reducing use of temporary nursing staff and overtime, and reducing other operating accounts for a total cost reduction of $521,895.

Health at Home: Year-end projections show a shortfall of $71,868.

Revenues are projected to be $85,936 under budget due to:
- a $76,278 surplus in Medi-Cal revenues based on year-to-date actual revenues;
- a $169,253 deficit in Medicare revenues due to lower than expected reimbursement; and
- a $7,039 surplus in Patient revenues based on year-to-date actual revenues.

Expenditures are projected to be under budget by $14,068 due to:
- a $14,394 surplus from salaries and fringe benefits based on year-to-date actual expense; and
- a $326 deficit in materials and supplies.

Plan to Address Deficit
The proposed plan to address the deficit in the Health At Home program includes $71,868 in reduced operating expenses. This proposed plan will bring the budget for Health At Home into balance, resulting in no surplus or deficit by fiscal year-end.

Forensics: Year-end projections show a shortfall of $1,111,931.

Revenues are projected to be $210 over budget due to additional miscellaneous revenues.

Expenditures are projected to be over budget by $1,112,141 due to:
- a $890,546 deficit from salaries and fringe benefits based on year-to-date actual expense; and
- a $221,595 deficit in materials and supplies primarily from higher than expected pharmaceutical expense.

Plan to Address Deficit
The proposed plan to address the deficit in Forensics includes $310,118 in expenditures savings. This proposed plan will reduce the projected deficit to $801,813. The proposed plan includes:

- reducing use of temporary nursing and overtime accounts, and reducing operating accounts.

POPULATION HEALTH AND PREVENTION

Central Administration: Year-end projections show a surplus of $332,945.

Revenues are projected to be $42,904 over budget due to:
- a $21,731 surplus in Medi-Cal revenues primarily from prior year settlement; and
- a $21,173 surplus in miscellaneous revenues.

Expenditures are projected to be $290,041 under budget due to a surplus from salaries and fringe benefits based on year-to-date actual expense.

Plan to Address Deficit
The proposed plan to address the deficit includes additional expenditure savings of $400,000 from contractual services. This will increase the projected surplus to $732,945. Contractual services savings will be achieved through the deferral of MIS related funded activities and reduction in accounting and auditing services.

Community Health: Year-end projections show a surplus of $833,327.

Revenues are projected to be $487,546 over budget due to:
- a $45,845 surplus in Medi-Cal revenues from miscellaneous Medi-Cal revenue and prior year MAA/TCM revenue;
- a $34,661 surplus in Medicare revenues primarily from the TB clinic;
- a $62,040 surplus in patient revenues; and
- a $345,000 surplus in miscellaneous revenues primarily due to additional indirect cost revenue offset by lower than expected fee revenues from BEHM.

Expenditures are projected to be under budget by $345,781 due to:
- a $290,781 savings from salaries and fringe benefits based on year-to-date actual expense; and
- a $55,000 surplus in contractual services primarily as a result of expenditure reductions to offset revenues shortfalls in BEHM.

Plan to Address Deficit
The proposed plan to address the deficit includes additional expenditure savings of $200,000 from contractual services. This will increase the projected surplus to $1,033,327. Contractual services savings will be achieved through the deferral or delay of contractual services in the areas of environmental health, maternal and child health, and disease control. Other operating accounts will also be reduced including materials and supplies and routine maintenance.

Mental Health: Year-end projections show a deficit of $1,656,455.

Revenues are projected to be $1,200,000 below budget due to:
- a $1,000,000 deficit in Medicare revenues resulting from lower than expected reimbursement;
- a $25,000 deficit in Patient revenues; and
- a $175,000 deficit in miscellaneous revenues from lower than expected IHSS revenues that will be offset with reduced expenditures.

Expenditures are projected to be over budget by $456,455 due to:
- a $1,256,455 deficit in salary and fringe benefit benefits based on year-to-date actual expense; and
- a $800,000 savings in contractual services from lower than expected IHSS expense.

Plan to Address Deficit
The proposed plan to address the deficit in mental health includes $5.1 million in additional revenue and expenditure savings. This proposed plan will eliminate the projected deficit,

resulting in a surplus of $3.4 million. The proposed plan includes applying specific one time funding including:

- $3.8 million in prior year SB90 revenue currently in a Controller's reserve;
- $0.8 million in additional Realignment revenues based on revised estimates from the Controller; and
- $456,455 reduction in operating expenses and contractual services. These savings will be achieved through the delay or deferral of new program initiatives. In addition, the current personnel freeze will continue.

Substance Abuse: Year-end projections show a surplus of $791,600.

Revenues are projected to be $363,459 over budget due to:
- a $300,000 surplus Short Doyle Medi-Cal revenues that are higher than expected; and
- a $63,459 surplus in miscellaneous revenues.

Expenditures are projected to be $428,141 under budget due to:
- a $128,141 of savings in salary and fringe benefits based on year-to-actual expense; and
- a $300,000 savings in contractual services.

Plan to Address Deficit

The proposed plan to address the deficit includes additional expenditure savings of $120,000 from contractual services. This will increase the projected surplus to $911,600. Contractual service savings will be achieved through the delayed startup of new programs. This savings is one time.

Summary

At this time, the Department projects a $4 million deficit if the reduction plan is implemented. It should be noted however, that during the year, additional funding issues may arise, either increasing or decreasing the reported estimate. Preliminary indications received last week suggest that SB855 Disproportionate Share funding may be significantly less than expected. However, detailed estimates will not be known for approximately a month. We will keep the Health Commission informed of revisions in SB855 revenue estimates.

The Department has discussed the estimated deficit with staff of the Controller and Mayor's Office. We propose to implement the reduction plan to minimize the deficit in the current year, and to monitor the revenues and expenditures carefully to determine if the estimates change. The Mayor and the Controller have agreed with the plan as presented, and have not asked the Department to implement service reductions at this time.

The Department, together with the Controller and the Mayor's staff will be developing nine month projections in May, which will determine whether additional General Fund will be required to balance the FY 99-00 budget.

HEALTH COMMISSION COMMITTEE ASSIGNMENTS AND MEETING DATES

2000

COMMUNITY HEALTH NETWORK (CHN) COMMITTEE

Edward A. Chow, M.D., Chair	4th Tuesdays, 3:00 - 5:00 p.m.
David J. Sanchez, Jr., Ph.D. Member	101 Grove Street, Room #220

LAGUNA HONDA HOSPITAL (LHH) COMMITTEE

John Umekubo, M.D., Chair	2nd Mondays, 9:00 - 11:00 a.m.
Lee Ann Monfredini, Member	LHH Conference Room B102

POPULATION HEALTH & PREVENTION (PH&P) COMMITTEE

Harrison Parker, Chair	4th Tuesdays, 10:00 - 12 Noon
Roma P. Guy, MSW, Member	101 Grove Street, Room #220

SAN FRANCISCO GENERAL HOSPITAL (SFGH) COMMITTEE

Lee Ann Monfredini, Chair	2nd Tuesdays, 3:30 - 6:00 p.m.
Edward A. Chow, M.D., Member	SFGH Conference Room 2A6

BUDGET COMMITTEE

Ron Hill, Chair	1st and 3rd Tuesdays
David J. Sanchez, Jr., Ph.D., Member	2:00 or 2:30 p.m. (refer to Agenda)
Harrison Parker, Sr., DDS, Member	101 Grove Street, Room #300

Note: Call the Commission Office at 554-2666 to confirm meeting dates/times.

January 2000

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

2/8/00
Special

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

SPECIAL HEALTH COMMISSION MEETING

Tuesday, February 8, 2000
3:00 p.m.
at
101 Grove Street, Room 300
San Francisco, CA 94102

DOCUMENTS DEPT.

JAN 27 2000

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PUBLIC LIBRARY

1) **CALL TO ORDER**

2) **FOR DISCUSSION ONLY: PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01**
*Proposed plan.

3) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us.

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, February 8, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

MAR - 2 2000

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Jr., Ph.D.

2) PRESENTATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01

President Roma Guy opened the public hearing by indicating this is a Special Meeting requested by the Commission to hear from the public on the Department's proposed budget for FY 2000-01. Simultaneously, the Commission had requested the Department to develop an overall Strategic Plan for the future of the Department. The Commission will, at its February 15 meeting, make a decision on the proposed budget.

Before hearing public testimony, President Guy announced that Dr. Mitch Katz, Director of Health, was empanelled to be in the Superior Court today but requested his Executive Assistant Anne Kronenberg to present his message on the budget. Ms. Kronenberg read Dr. Katz's message, (Attachment A). Dr. Katz arrived at this meeting at 4:30 p.m.

Public Speakers:

Mabel Jung, Civil Service Community Mental Health Clinics, opposed cuts in the Civil Service Mental Health programs.

Greg Parks, patient at Team II Clinic, received better care at this clinic than in the past ten years; opposed closure of this clinic.

Dr. Stan Lipstiz, Civil Service outpatient clinics, described affects on citizens of San Francisco; described a patient.

Enola D. Maxwell, Potrero Hill Neighborhood House, opposed closure of Potrero Hill Health Clinic; this is an exceptional clinic that knows people in the community; residents will not tolerate cuts.

Eve Milton, Potrero Hill Health Center CAB, suggested proposals for the clinic.

Yoshi Milton, Samoan community representative, no cuts at SFGH; need to find a way to save SFGH; people will suffer.

Dr. Mark Leary, Deputy Chief SFGH Psychiatry, the proposed budget will displace paying patients to other places; special culturally competent psych units need to be preserved; opposed closure of inpatient psych units; present Laguna Honda Hospital units cannot serve these patients.

Olivia Florez, SFGH, opposed closure of inpatient psych unit; SFGH works with psych patients in a special way.

Shannon Coughlin, CHRIA, expressed outrage for departments to be told not to ask for new general funds and that Dr. Katz complies; every penny should go to free health care.

Nora Roman, RN, Emergency Coalition to Save Public Health, expressed directives to the Department are absurd; budget cuts equal service cuts; acute care is still needed; privatization of pharmacy is inappropriate; re-open satellite pharmacy at SFGH; fund public health fully.

Cindy Gyori, Tenderloin Clinic/Bayview Clubhouse, pointed out that contractors' wages are lower then civil services wages.

Siddig Tillad, Co-chair HIV Services Planning Council, encouraged the development of reduction protocols and decreases in services; stakeholders need to be realistic and plan ahead.

Mickey Shipley, CSAS Treatment on Demand Planning Council, opposed service cuts; described work of the Council; need substance abuse treatment services in the jails, culturally competent services for transgender population; more alcohol services, and dual diagnosis services for Asian/Pacific women.

Lynn Kash,, Women's Community Clinic, advocated for this clinic to be included in the Department's budget; saves money by providing prevention services.

Louis Altman, Mental Health Association of San Francisco, advocated preventive care (i.e., residential housing).

Jeffrey Sherman, Episcopal Community Services, advocated for COLA's for contractors; may have to reduce services if COLA's are not given.

Claudia Deyton, described her access to services at Potrero Hill Health Center; keep clinic open; other ways to save money during times of prosperity; clinic is smaller and more manageable.

Norma Satten, PECC and LTC Task Force, supports home and community-based long term care and alternatives to institutional care.

Estela R. Garcia, Instituto Familiar de la Raza, described the mental health/substance abuse services; quality of care to be upheld for Latinos and underserved.

John Borsos, SEIU Local 250, described impact of hiring freeze and budget cuts; agrees with the new programs; this budget is pitting one vital service against another vital service; 18 million is not enough; explore other revenues; ask the private hospitals how they will address revenue problems.

Don Bechler, Health Care for All, feels this proposal is out of synch with people in San Francisco; health plan should be better for San Franciscans.

James Beck, Haight Ashbury Neighborhood Council, encouraged to lobby the Board of Supervisors to augment budget; supports integrated services, culturally specific services.

Jo Anna DeVito-Larson, Mission Neighborhood Health Center, read letter from Gladys Sandlin opposing cuts to the Center, which has played a major role in the primary care network.

Richard Heasley, San Francisco Mental Health Contractors' Association, questions why the financial positions of the City (i.e., surplus) is resulting in a negative effect on DPH; need more than the $18 million; wants to be partners with DPH to come up with a better proposal.

Marushka France stated that every time she looks at our beautiful City Hall dome, she wonders how many people have died due to lack of services.

Bill Klink, Local 3, pointed out the drain on CBO's who contract with DPH; urged a 5% increase in COLA's.

Robert Resner, Other Bar, is a patient at Potrero Hill; described difficulty of waiting in the Pharmacy lines and taking a half day for a clinic appointment; budget cuts do not show patients respect.

Steve Fields, Progress Foundation, applauds the direction in recognizing changes needed in the system of care; the Mayor's direction is unprecedented and people need to hear it.

Treatment on Demand Planning Council

Norma Hotaling, SAGE, described need for centers of service for comprehensive care.

Ron Perez, Sheriff's Office, advocated for interventions and detox services in the jails and that methadone be available.

Frank Johnson advocated for African American focus for substance abuse treatment services.

Ann Togia, Samoans Against Substance Abuse, needs funding for substance abuse and mental health services for Samoans.

Marc Rosenthal, Multi-Service Center South, stated treatment expansion is still a goal, not a reality.

Pat Harrison, Glide Memorial Church, pointed out people are the greatest resources; money can always be found for a passion.

Substance Abuse Mental Health Work Groups

Jennifer Friedenbach, Coalition on Homelessness, stated people's health is being compromised; no meaningful public input into the budget process; cutting services and playing a shell game; send message to Mayor to fully fund the mental health system and Treatment on Demand.

Darren Lewis, Coalition on Homelessness, observes that there are hypocrisy and lies in the City even though all reports promote expansion of services.

Rosemary Dady, attorney, promoted increased resources for SSI advocacy which would result in savings for the City.

James LaPoint, Coalition on Homelessness, was a former heroin user and was homeless; now has a job; recovery is very fragile; need for a chance and opportunity.

Marykate Connor, Caduceus Outreach Services, pointed out there will be service cuts; unconscionable; this is negligence not treatment and negligent advice to the Mayor.

Steve Walsh, MD, Northern California Psychiatric Society, advocated to maintain the inpatient culturally competent psych units.

Hillary Yancey stated the need to help people in the community.

Conny Ford, Local 3, urged the need for contractor COLA's for the workers; say no to Mayor Brown and Dr. Katz; do the right thing.

Oscar Lee Williams, Potrero Hill Family Resource Center, supports Potrero Hill Health Center and its outreach to public housing; expressed difficulty in getting appointments at SFGH; questioned the sale of the Center property.

Jamie Motley, Y-MAC, advocated for school-based health clinics, which are critical to the youth.

Berta Guillen, Y-MAC, advocated for young people and health clinics in the schools.

Nick Pasquariello, Potrero Hill Community Advisory Board, advocated for the excellent dental services at Potrero Hill Health Center; dental care is neglected in the budget.

Nellene Urrey, LHH Nursing Supervisor, described staffing needs in nursing; frozen positions for LVNs, CNAs and RNs need to be released.

Helynna Brooke, Mental Health Board, stated it is unconscionable in a time of prosperity to cut services to severely ill; there's fear that people from out-of-town will come for services.

Allen Meyer, SFCCC, on behalf of John Gressman, expressed disappointment at the budget cuts without planning and input from the community and providers; described impact of cuts on three Consortium members.

Anne Cassia, homeless youth, do not turn backs on queer youth.

Amelia Truman, SFGH Department of Psychiatry, opposes closure of an inpatient psych ward; described diverse cultural units.

Reverend Kas Togia, Samoans Against Substance Abuse, promoted funding for substance abuse services in the Samoan community.

Kent Woo, NICOS Chinese Health Coalition, requested reinstatement of funds in the base budget for the gambling prevention program; gambling is a public health problem; described the use of last year's funds for this program.

Doris Mitchell, Local 250, on behalf of Bryan Uyeno and Gil Pope, described conditions for laundry workers; need for adequate staffing in laundry and housekeeping; there is low morale among the workers.

Larry Bean, MHRF, described understaffing issues at the MHRF.

Paul A. Hendrickson, Bayview Clubhouse, supports funding for mental health system; need for more staff; love and caring can help the mental health consumers.

Dr. Antonia Sacchetti, Mission Neighborhood Health Center, opposes cuts to the Center and to the poor and uninsured; the number of uninsured continues to increase.

Taj James, Coleman Advocates for Youth, supports priorities for children; questioned where are the political priorities.

Karen Patterson Matthews, Bayview Hunter's Point Foundation, stated there's misperception that BVHP Foundation serves only the Bayview; it serves citywide; cuts are deplorable; opposed cuts to homeless programs and the CIRT program; solicited assistance of the Commission to retain services.

Gil Thornally, son of LHH resident, described understaffing in nursing and food service at LHH; medical services funding needs to be increased.

Margie Bonilla, LVN at LHH, stated quality of care and licensing are being jeopardized due to lack of staffing and workloads.

Phoebe Rosales, LHH Nursing, supports more staffing at LHH for resident care.

Dr. Mitch Katz, Director of Health, highlighted the proposed budget. A copy of the budget is available for viewing in the Commission Office.

The total proposed budget for FY 2000-01 for the Department of Public Health, including grants, is $841.1 million. This is a $4.4 million increase over the current year budget of $836.7 million. Operating revenues are projected to decrease $10.4 million from $530.9 million in FY 1999-00 to $520.5 million in FY 2000-01. Grant revenues are projected to decrease $3.4 million from $73.2 million in FY 1999-00 to $69.8 million in FY 2000-01.

If this budget request were approved, the General Fund allocation from the City and County to the Department of Public Health for FY 2000-01 will increase $18.3 million to $250.9 million from $232.6 million in FY 1999-00. This represents an 8% increase to the current General Fund allocation. This $18.3 million increase in general fund in FY 2000-01 requires that the Department absorb the costs to fund salary increases to civil service staff.

Dr. Katz stated that if the Department is given more than the $18 million, he would allocate the added funds to prevention and supportive housing and not to backfill the areas which have already been cut.

Commissioners' Comments:

- Questions raised on the proposed cuts:

  What is the access from Potrero Hill to SFGH?
  What will happen to dental services at Potrero?
  What are productivity levels at the primary care sites?
  Visits are down at the primary care clinics.
  What are the LHH staffing issues?
  How does the Department prioritize programs to be added to the base budget (i.e., grant-funded programs, one-time funded programs, and underserved communities)?

- The public and stakeholders need to unite and minimize turf. Public voices need to be heard on a consistent basis to create the sense of urgency.

- It's not possible for the Department and Commission to satisfy all parties all of the time.

- Expressions of gratitude and compliments were given to the Department staff for their budget work and their direction.
- Money will always be an issue.
- The Commission will monitor this new direction of the Department at the Joint Conference Committees.
- There needs to be problem solving in the area of primary care.
- Infrastructure and capital improvement issues are important.
- Dr. Katz's leadership on this new direction was praised.
- The Department cannot keep a status quo; change needs to move forward.
- Risks have to be taken.
- Efficiency, productivity, monitoring, an evaluation need to be integrated into this new direction of the Department.

President Guy thanked the public for their participation and comments. She also thanked Dr. Katz and his staff for their dedicated and hard work in developing the budget and new direction for the Department.

The meeting was adjourned at 7:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

I. MESSAGE FROM THE HEALTH DIRECTOR ON FY 00-01 BUDGET

I am presenting the Department of Public Health's FY 00-01 budget for consideration and approval by the Health Commission. This budget submission is not a traditional Health Department budget. It does not seek to preserve status quo. It is a bold re-envisioning of public health services in San Francisco for the new millennium.

I do not believe we can continue business as usual. Last year, the Health Department asked for and received from the Mayor and the Board of Supervisors over $40 million dollars of general fund to replace lost federal and state grants. Despite this largesse, we have not been able to stabilize the financial situation of the health department. This is because federal and state revenues continue to decline, demand for our most expensive service—acute care hospitalization-- continues to increase, our payer mix continues to deteriorate with an increased proportion of uninsured persons and a decreased proportion of insured persons because fewer San Franciscan's have health insurance. In addition, our costs continue to rise because of inflation.

If the Department of Public Health was to continue to do everything it is currently doing, the same way it is currently doing it, DPH will require at least an additional $40 million dollars of general fund from the City and County next year. The $40 million is necessary to fund our cost of living increases for our civil service staff, our revenue shortfalls, our increased volume, and inflationary costs for contractors and materials (especially pharmacy). Submitting a budget asking for $40 million dollars of additional general fund is not consistent with the instructions of the Mayor's budget office. We have been asked to submit a budget for the same level of general fund we received last year.

More importantly, even if there is an additional $40 million dollars to support the Health Department, I do not believe that the money should be spent to preserve the status quo. The Health Commission has articulated a number of important priorities, especially the desire to increase prevention services (so that people will not suffer from preventable illnesses) and to provide supportive housing (so that people are not inappropriately cared for in the hospital) and to create alternative to acute care (so that people are most appropriately cared for). If we continue to ask for money only to maintain our current system, we will never have the money to make the necessary changes that would improve both the health of San Franciscans and the health of our Department's finances.

Most of our recent deficits have been generated by our acute care hospital, SFGH. This is not the fault of the hospital. It is well run as evidenced by our high score received in the accreditation survey performed by the Joint Commission on Accreditation of Hospital Organizations. It is efficiently staffed. Our ratio of 5.2 staff per occupied hospital bed is lower than many acute care hospitals in San Francisco (including UCSF) while our quality of care is consistently high. The hospital has recently had reengineering consultants reviewing its functions and all efficiencies have already been implemented. Although there is always possible to generate additional cost savings or revenue enhancements, as we do in this budget, most of the opportunities have already been taken.

Based on these projected decreases, I am recommending reductions of $1.5 million to our temporary salaries, overtime, P103 and registry hours. I am also recommending elimination of 9 vacant positions and 12 administrative positions.

To fulfill the unmet needs in our community, it is crucial that we produce program efficiencies that will allow us to do more with our existing resources.

Therefore, I am recommending

- Canceling pharmacy registry contract and transferring the funding to a professional group that can distribute medications for our patients through community pharmacies (to be chosen through an RFP process). This will substantially shorten the lines for our patients (SFGH outpatient pharmacy is at 3 hours) to the community standard (1 hour).

  This will also increase geographic convenience as our patients will not need to travel to San Francisco General Hospital just to receive their medications. No services will be decreased and no pharmacists will be laid off. The few civil service pharmacists who work in the outpatient setting will be reassigned to work in the inpatient setting. (Savings: $1.7 million)

- Creating a Potrero Hill Health Service at the Family Health Center at SFGH. Clinical staff currently working at the Potrero Hill Health Center will be transferred to the Family Health Center, or other related sites within the Health Department. The Potrero Hill Health Center is just 7 blocks from the SFGH garage where outpatients are encouraged to park and 9 blocks from the Family Health Center. Patients will benefit from being seen at the Family Health Center because of the presence of phlebotomy services (which are only available some of the time at Potrero Hill), and the availability of radiology services, specialty services, and emergency services (which are not available at Potrero Hill Health Center). If they need any of these services currently, our patients must go to SFGH anyway. The building will be sold for $1 to $1.5 million. The proceeds will be used exclusively to improve the physical plants of our remaining health centers (elevators, signage, painting, clinical examination rooms, and sinks). These improvements are desperately needed. The Health Commission has supported improving our infrastructure, but it is very unlikely that these improvements will occur without dedicated funding (Savings $1.8 million) No services will be decreased and no clinical staff will be laid off.

- Taking advantage of extra capacity in our primary care clinics to decrease our contracts with community clinics. No services will be decreased, but patients will be asked to transfer their care to one of our existing health centers. (Savings $600,000).

- Improved materials management at SFGH (savings $1.2 million), automation of billing functions (savings of $700,000), and consolidations of primary care outreach services (savings $100,000).

Unfortunately, at the current time, I cannot make up the $18,000,000 in revenue losses without service cuts or layoffs. The Mayor and the Board of Supervisors have been traditionally very supportive of our Department. It is my hope that with the support of the Health Commission we will be able to obtain the additional funding. If we are not able to do so, I will recommend service cuts, with their associated layoffs. It is my hope that when the Mayor and the Board review the proposals contained in this report, they will see the seriousness with which we have attacked our financial problem, will want to help us, and will identify additional funds to do so.

Nationally, the movement of health care is towards primary care, sub-acute care, home care, rehabilitative care, and away from acute care. For this reason, I am recommending as a policy decision that we not fund the deficit at SFGH by cutting other areas. Instead, I am recommending we focus on lowering the census at SFGH. The census at SFGH has grown primarily for two reasons: increased numbers of uninsured persons in San Francisco who need our care; and increased numbers of persons with serious psychosocial needs (e.g., homelessness, substance use, mental illness) who have long hospitalizations and high rates of readmission. In addition, some of these hospital stays would not be medically indicated if persons were adequately housed. For example, it is medically inappropriate to send a homeless person with acute pneumonia out on to the street, even though it would be medically appropriate to send the same person home with oral antibiotics, if he/she had a home.

It is unprecedented for a Health Director to recommend augmentations to a budget at a time when expenditures must be decreased. However, this is what we must do if we are to turn our situation around.

I am therefore recommending the following major initiatives:

- Augment primary prevention in the areas of African-American health (including asthma and prostate cancer prevention), immunizations, and ergonomic programs. ($500,000.)
- Funding of a wound care program to treat soft tissue infections in the outpatient setting in stead of the operating room ($1,000,000.)
- Funding of respite supportive housing and neurobehavioral psychiatric sub-acute beds for the placement of physically and mentally ill patients ($900,000.)
- Funding of a behavioral/psychiatric ward at LHH for patients from SFGH who need this level of care ($433,000)
- Increase funding of supportive housing programs to prevent loss of residential beds that would otherwise occur due to lost grants ($105,000).

In addition, I am recommending the following programmatic changes:

- A time-limited rehabilitation ward at LHH that will focus on enabling residents to prepare for return to the community (funded through redeployment of existing resources.) This ward(s) will decrease length of stay at LHH thus allowing SFGH to more rapidly discharge patients who do not need acute hospitalization.

I believe that these programs will:

- Decrease decertified days at SFGH.
- Decrease readmission rates at SFGH
- Decrease admissions at SFGH
- Improve payer mix.

With these major initiatives, we have been able to produce a budget with the same level of general fund expenditures as last year while at the same time absorbing all of our salary and inflationary increases. We have done this without service cuts or layoffs of clinical line staff.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

FEB 10 2000

SAN FRANCISCO
PUBLIC LIBRARY

February 15, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 2000**
*Minutes for February 1, 2000.

3) **PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Administration –** Review of the 1998-99 annual audit and management letters for San Francisco General Hospital and Laguna Honda Hospital.

(3.2) **CHN-Balboa Teen Health Center –** Request for approval to accept and expend a new three-year grant from the California Endowment, in the amount of $370,185, to provide a three phase education program targeting Balboa High School youth, for the period of February 1, 2000 to January 31, 2003; and a sole source contract funded by this grant with Harder and Co. in the amount of $28,000, for the same time period.

(3.3) **PHP-HIV Health Services** – Request for approval to accept and expend grant funds from the State of California in the amount of $1,099,869 annually to fund a demonstration project to serve incarcerated individuals for the total project period of December 1, 1999 through June 30, 2002; and sole source contracts funded by this grant with Centerforce, Inc., in the amount of $1,799,643 and Haight Ashbury Free Clinics Inc., in the amount of $257,487 for the period of January 1, 2000 through June 30, 2002.

(3.4) **PHP-CHSS-Disease Prevention** – Request for approval of a retroactive modification to an existing three-year contract with Northeast Medical Services, to provide immunization program services to children 0-4 years old. This modification will add $13,302 to services provided in years two and three of the contract (July 1, 1999 – June 30, 2001), and extend the contract for one additional year, in the amount of $53,218, for the period of July 1, 2001 – June 30, 2002. The total contract amount for the four-year period of July 1, 1998 – June 30, 2002 will be $199,570. (DPH contracted with Northeast for services totaling $212,916 during FY 1998-99).

(3.5) **PHP-Homeless** – Request for approval of new contract with the Ark of Refuge, Inc., in the amount of $60,842, to provide emergency shelter services targeting young adults 18-23 years old, for the period of February 15, 2000 through May 15, 2000. (DPH contracted with Ark of Refuge for services totaling $282,480 during FY 1998-99).

(3.6) **PHP-Homeless** – Request for approval of retroactive contract modification with Baker Places, Inc., in the amount of $1,345,397, to provide residential substance abuse services for triple-diagnosis (HIV/AIDS, substance abuse and mental health) uninsured or underinsured, adult residents of the City and County of San Francisco, for the period of March 1, 1999 through June 30, 2000. (DPH contracted with Baker Places for services totaling $10,112,961 during FY 1998-99).

(3.7) **PHP-Homeless** – Request for approval of retroactive contract modification with Catholic Charities, in the amount of $905,286, to provide supportive housing services for persons with disabling HIV/AIDS and very low income (as defined by HUD), for the period of March 1, 1999 through June 30, 2000. (DPH contracted with Catholic Charities for services totaling $2,540,469 during FY 1998-99).

(3.8) **PHP-Homeless** – Request for approval of new contract with John Stewart and Company, in the amount of $300,801, to provide fiscal agent and property management services targeting the SSI Evaluation Program, for the period of March 1, 2000 through June 30, 2001.

(3.9) **PHP-CSAS** – 90-Day Status Report from Haight Ashbury Free Clinics, Inc.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PROPOSED ACTION: CONSIDERATION OF A RESOLUTION ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01**
*Proposed Resolution

6) FOR DISCUSSION ONLY: UPDATE OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
*Update Report

7) OTHER BUSINESS/PUBLIC COMMENTS**

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us.

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MINUTES OF THE HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAR - 2 2000

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, February 15, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 1, 2000

Action Taken: The Commission unanimously adopted the minutes of February 1, 2000, with the following corrections:

1) The meeting was called to order by President Roma Guy, MSW

2) Under the U.C. Affiliation Agreement presentation, the information about the revenues from professional fees being $16 million, which is outside of the U.C. Affiliation Contract, will be added to the minutes.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Review of the 1998-99 annual audit and management letters for San Francisco General Hospital and Laguna Honda Hospital.

(3.2) **CHN-Balboa Teen Health Center –** Request for approval to accept and expend a new three-year grant from the California Endowment, in the amount of $370,185, to provide a three phase education program targeting Balboa High School youth, for the period of February 1, 2000 to January 31, 2003; and a sole source contract funded by this grant with Harder and Co., in the amount of $28,000, for the same time period.

Commissioner Parker inquired about an evaluation component.

Commissioner Hill requested an update in six months (August).

(3.3) **PHP-HIV Health Services –** Request for approval to accept and expend grant funds from the State of California in the amount of $1,099,869 annually to fund a demonstration project to serve incarcerated individuals for the total project period of December 1, 1999 through June 30, 2002; and sole source contracts funded by this grant with Centerforce, Inc., in the amount of $1,799,643 and Haight Ashbury Free Clinics Inc., in the amount of $257,487, for the period of January 1, 2000 through June 30, 2002.

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Public Speakers:

Rachel Callaghan opposed funding of this contract; the program is fiscally irresponsible; has caused dissension in the neighborhood.

Darlene Crisp, Noe Valley Community Workgroups, encouraged the Commission not to approve contract until the CAC is formed; all of the neighborhood groups were not included; requested specific concerns to be included in the contract; public not well informed of this meeting.

Mitch Thompson, LYRIC/EVRC/QYOC, requested funding for outreach services to queer youth; there's an existing group working with this population.

Commissioner Hill reinforced the need for services of this youth population.

Commissioner Parker requested information on the contractor and the program. Executive Director Yvette Flunder provided an overview and history of her agency.

(3.6) **PHP-Homeless –** Request for approval of retroactive contract modification with Baker Places, Inc., in the amount of $1,345,397, to provide residential substance abuse services for triple-diagnosis (HIV/AIDS, substance abuse and mental health) uninsured or underinsured, adult residents

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(3.8) **PHP-Homeless –** Request for approval of new contract with John Stewart and Company, in the amount of $300,801, to provide fiscal agent and property management services targeting the SSI Evaluation Program, for the period of March 1, 2000 through June 30, 2001.

(3.9) **PHP-CSAS –** 90-Day Status Report from Haight Ashbury Free Clinics, Inc.

Executive Director Darryl Inaba introduced his Board Chairman, former Chairperson and Chief Fiscal Officer.

Monique Zmuda, Chief Finance Officer of the Department of Public Health, indicated there has been much improvement and positive corrective actions on the fiscal matters of this agency; and she will continue monitoring this contractor.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the understanding that for #3.9 the Haight Ashbury Free Clinics, Inc., will continue to be monitored by the Department's Chief Finance Officer.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

ADMINISTRATION

Federal Budget

On February 7, 2000, the Clinton Administration released its proposed FY 2001 budget. The Administration's budget highlights the nation's economic prosperity. The proposal calls for an investment of nearly $110 billion over 10 years to expand health insurance coverage, increase funding for safety net providers, long-term care, public health, quality initiatives, and biomedical research, and strengthen Medicare ($432 billion over 10 years).

The President's budget estimates that the health insurance proposal would expand coverage to five million uninsured Americans, and expand health care access to millions more over the next 10 years. The plan centers on expanding the scope of the Children's Health Insurance Program (CHIP) to extend coverage to parents of children who now are eligible for CHIP ($76 billion). To prevent employers from dropping coverage, the plan would allow employers to pool State funding with employer contributions toward private insurance. An additional $5.5 billion would be used to enroll an additional 400,000 children in CHIP and Medicaid, and $1.9 billion is budgeted to expand coverage to children through age 20. The President's budget extends permanent access to Medicaid for persons leaving welfare to work who take jobs that provide no insurance, and includes tax credits for Medicare buy-in, to offset the cost of COBRA premiums, and for small firms who purchase health insurance for their workers.

The President's safety net initiative allocates $125 million to coordinate systems of care, increase the number of services delivered, and establish an accountability system to assure adequate patient care for uninsured and low-income populations. The President also proposed an increase of $50 million for community health centers, and supports total funding of this initiative at $1 billion over five years.

In the area of long-term care, the Administration's budget proposes a $28 billion, 10-year investment in long-term care. Under this initiative, the Administration would provide tax credits for people with long-term care needs or their caregivers, provide funding for services which support family caregivers, improve equity in Medicaid eligibility for people in home- and community-based settings, encourage partnerships between low-income housing for the elderly and Medicaid, and encourage the purchase of long-term care insurance by federal employees.

With regard to public health, the Administration's budget proposes nearly an additional $125 million (an 8% increase over FY 2000) for the Ryan White CARE Act, an increase of $50 million for HIV prevention, and an additional $100 million to impact the AIDS epidemic abroad. The President proposes an $82 million increase for substance abuse prevention and treatment, and an additional $100 million (a 16% increase from FY 2000) for mental health services. The Administration's budget also includes funding increases for infectious disease surveillance, family planning, childhood immunizations, food safety, asthma and clinical trials for cancer under Medicare.

The Quality of Health Care initiatives in the President's budget include a patients' Bill of Rights, rules guaranteeing medical privacy, new funds to improve the prevention of medical errors, and new funds for the investigation and prosecution of fraudulent drug sales via the Internet. The President's budget also provides an increase of $1 billion for biomedical research at the National Institutes of Health. The President's budget initiatives under Medicare include a voluntary prescription drug benefit, improved access to preventive services, and reforms related to fiscal solvency, price competition and Medigap.

The Department has not yet had the opportunity to assess the impact (either financially or programmatically) of the President's proposed budget on the City and County. However, we will continue to closely monitor all health-related budget actions.

State Legislative Issues

On January 3, 2000, the Legislature convened for the second year of its two-year session. Bills introduced in the first year of the session that did not make it to the Governor's desk in 1999 are called "two-year bills." The last day for two-year bills to pass through their house of origin was January 31, 2000. Of the 290 two-year bills tracked by the Department, 143 bills remain active in this second year of the legislative session, and 147 bills failed to meet the January 31, 2000 deadline and, therefore, died in their house of origin.

Of the legislation that remains active, there are two bills of particular interest to the Department and strongly supported by the City. SB 269 (Ortiz) would increase the basic funding allotment to local health jurisdictions for core public health functions in order to control the spread of communicable diseases. AB 499 (Aroner) would create an assisted living demonstration project for low-income Medi-Cal beneficiaries. Among the bills that died were eight that would have earmarked all or a portion of the State's share of tobacco settlement funds for various, specified purposes.

The final day for legislators to introduce new bills in this session is February 25, 2000. Legislation of note that has been introduced thus far in 2000 include: AB 1800 (Thomson), which would make significant reforms to the involuntary treatment of mental illness; SCR 59 (Burton), which creates the Joint Committee on Mental Health Reform to look at mental health reform broadly; and SB 1368

(Brulte) which would, under certain circumstances, allow a child 30 days old or younger to be surrendered without penalty by the parent. The Department is currently assessing the impact of the remaining bills and other new health-related legislation.

Exploratory Committee for Bond Measure Proposed

On Thursday, February 10th, Supervisors Leno and Ammiano announced the formation of an exploratory committee to look into the possibility of a bond initiative for the November ballot. The initiative would address both the infrastructural needs of SFGH and the primary care clinics of the CHN, as well as the concept of placing city health clinics in San Francisco's public schools. State law SB 1953 (the Hospital Earthquake Safety Bill), mandates substantial earthquake retrofitting of SFGH and other hospitals by the year 2030. Plans to meet the stringent standards must be turned in by January 1, 2001 and smaller incremental improvements must be made by the years 2002 and 2008.

Along with the need to address the infrastructual and seismic deficiencies of SFGH, the San Francisco Unified School District has expressed great interest in having school-based clinics on site. The siting of direct health care services to our young people could go a long way in helping us leverage funds to offset the cutbacks we have seen in Federal and State funding. Cost estimates for these bond measures are preliminarily set at $50 million for SFGH, and $50 million for school-based clinics. Dr. Katz will continue to keep the Health Commission updated as this bond initiative evolves.

POPULATION HEALTH AND PREVENTION

CSAS - Appointment of New Director

Phyllis Harding has been appointed as the Director of Community Substance Abuse Services. She will begin her new position tomorrow. Phyllis has an extensive wealth of experience in the health field and recently has demonstrated strong leadership in her current position as the Senior Associate Administrator of Mental Health, Substance Abuse and Forensic Services for the Community Health Network, Department of Public Health.

Some of her accomplishments include the paired leadership responsibility for Forensic Services, which is comprised of Jail Medical Services, Jail Psychiatric Services and the Rape Treatment Center. Phyllis was largely responsible for the operation of the Mental Health Rehabilitation Facility, which included the hiring of staff, supervision of program development, licensing application and certification review. During her work with the SFGH Administration, she worked with four acute psychiatric inpatient units, the forensic psychiatry unit, the acute detoxification unit, and a variety of outpatient services which included case management programs, services for special populations, psychiatric emergency services, and substance abuse services. Phyllis has also shown leadership with her participation for the past three years on the Treatment on Demand Planning Council where she has also served as the Chair of the Community Input Committee.

Jim Stillwell was recognized for the outstanding job that he has done these past several months serving as the Interim CSAS Director. I appreciate his stepping in and providing the leadership for CSAS. Jim will now be able to resume his position as the CSAS Budget and Finance Director.

Welfare-To-Work Dental and Optical Program Begins

PH&P, the CHN and the Department of Human Services are collaborating on a San Francisco-only Welfare-to-Work Dental and Optical Program. The goal is to make dental and optical services more accessible to single adults in the PAES Program who do not have MediCal or DentiCal benefits.

Although believed to be very high, there is no existing data on the prevalence of dental disease or the impact on employment for the welfare-to-work population. The research data collected from this effort will be used to write proposals to continue these important programs.

Community Health Promotion and Prevention Branch Awarded a Grant

Community Health Promotion and Prevention Branch was awarded an annual grant of $80,640 from Mount Zion Health Fund. The grant, which was awarded to the collaboration of Refugee Medical Clinic of San Francisco General Hospital and the International Institute of San Francisco (IISF), will provide preventive health education and enhanced interpreter services for Russian-speaking and Bosnian patients at Refugee Medical Clinic.

The grant will establish patient education programs on preventive health topics using culturally and linguistically appropriate methods. Staff will also compile health education materials in Russian and Bosnian that can be distributed to patients and support the existing interpreter services at the Clinic. With these expanded resources we will be able to integrate preventive health education programs with the quality interpreter services already provided by the collaboration to improve the health and well being of patients. For more information please contact Patricia Erwin through email or at 705-8552.

Trans Health Night at Dimensions Clinic

The first Trans Health Night at the Dimensions Clinic was held on January 27, 2000. Approximately 20 youth attended the event, with lots of good food and many volunteers. Medical services were enhanced for the evening to accommodate regular walk-in services as well as for the TG youth in attendance. The evening ended with a community forum focused on what transgender youth think about health, their health needs, and to provide input on how to make Dimensions a more FTM- and MTF-friendly place. The Dimensions' direct services staff, most of whom are Spanish speaking, come from Castro-Mission Health Center, Special Programs for Youth, New Leaf, Larkin Street Youth Center, AIDS Office, and LYRIC. They have been instrumental in establishing Dimensions Clinic as an excellent place for queer youth to receive a variety of integrated health care services.

COMMUNITY HEALTH NETWORK

Administrative Responsibilities at SFGH Reassigned

Phyllis Harding's areas within San Francisco General Hospital Medical Center have been reassigned.

Christine Wachsmuth, who is the Associate Administrator over Emergency and related services, will now assume administrative responsibility for Psychiatric Emergency Services.

Leslie Holpit, who is currently the Director of Nursing for Psychiatry, will now also handle administrative responsibilities for Inpatient Psychiatry and Outpatient Behavioral Health Programs. Ms. Holpit has been with San Francisco General Hospital since 1989.

SFGH Medical Staff Credentials Report

	2/00	2000 YTD
New Appointments	6	29
Reinstatements	0	4
Reappointments	27	58
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	4	16
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0

Changes in Privileges		
Additions	0	1
Voluntary Relinquishment	0	0

Commissioner Umekubo requested clarification on what a bond measure would include. Dr. Katz stated the bond would cover buildings but not equipment and operations of the building. The policy issue of the primary care clinics as part of the Department's Strategic Plan would come to the Commission for a decission (i.e., total number of primary care clinics in the City). Because the deadline for a bond to be approved by the CIAC is the first week in May, the Commission would need to consider the bond in April. The Department would make a future presentation on the bond issue.

President Guy commented the Commission may want to hold public hearings in March.

Commissioner Umekubo would also like to hear from the private hospital sector regarding SB 1953.

Nathan Nayman, Hospital Council, stated that California Health Care Association is working on SB 1953 and will provide information to the Commission. There will also be a statewide bond initiative regarding SB 1953, which requires all hospitals to be seismically safe within a specific timeline.

5) **CONSIDERATION OF A RESOLUTION ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 2000-01**

As a continuance from the Commissioner's Special Meeting on February 8, 2000 on the proposed Department of Public Health budget for FY 2000-01, President Guy announced that public testimony would be received today.

Dr. Katz, after additional consideration, recommended the following revisions to the budget proposal to reduce contract services in primary care:

The Department's original budget proposal was to reduce contract agencies by $600,000. Of this amount, approximately $250,000 was targeted toward reducing contracts with Clinic Consortium agencies. Dr. Katz now suggests that no reductions to these primary care contracts occur. Dr. Katz is not certain that there is sufficient capacity in the Primary Care Network to absorb these patients.

In addition, Dr. Katz recommends that the outreach/case management program operated by the Bayview Hunters Point Foundation be reduced by $125,000, rather than the originally proposed amount of $200,000. This reduction, as well as the $100,000 reduction to Central City Hospitality House, was made so that a greater proportion of homeless funding would be spent to preserve housing rather than maintaining outreach to homeless persons. The proposed increase of General Funds to housing in this budget is $2 million. The Department believes existing DPH homeless and mental health outreach services will be able to make up any decreases from these two contracts. Finally, the Bayview Hunters Point Foundation, Critical Incident Response Team (CIRT) contract, will be decreased by $25,000 because DPH provides complimentary services. The Department believes this reduction is possible without an overall loss of services to the community.

FY 2000-01 Budget
Reductions in Primary Care – Contract Clinic Services

	FY 99-00 Contract	FY 00-01 Initial Proposed Reduction	FY 00-01 Revised Reduction
Central City	$ 531,505	$ (100,000)	$ (100,000)
BVHP Mental Health/Outreach/CM	491,467	(200,000)	(125,000)
Mission Neighborhood Health Center	181,809	(181,809)	-
North of Market Health Center	192,734	(25,000)	-
Haight Ashbury Free Clinic	50,722	(50,722)	-
BVHP CIRT	150,831	(25,000)	(25,000)
	$1,527,068	**$ (582,531)**	**$ (250,000)**

Dr. Katz also provided additional information about reductions in the need for acute care beds. (Attachment A).

Public Speakers:

Eve Milton, Potrero Hill Health Center CAB, opposes closure of the Center; described her granddaughter's experience at SFGH and the Center.

Nick Pasquariello, Potrero Hill Health Center CAB, supports dental services at the Center; closure is an ill-conceived idea and has not been adequately discussed.

Ann Togia, SASA Foundation, advocated for funding and substance abuse services for the Samoan community; Treatment on Demand Council has identified Samoans as a priority.

Jeff Wong, Pharmacist, opposes closure of SFGH outpatient pharmacy and Potrero Hill Health Center; patients will not get adequate services at community pharmacies.

Annette Pinto, SFGH Psychiatry, described the gay focus psych unit; opposes closure of any inpatient psych wards; will result in more homelessness.

Mily Trabing, SFGH psychiatry, described the patient population in the inpatient psych wards; realistic alternatives have not been developed.

Anthony Joseph Arroyo, SFGH volunteers, opposes closure of inpatient psych units; will lead to homelessness.

San Francisco Organizing Project had nine speakers:

- Opposed SFGH pharmacy closure and any cuts at SFGH
- Thanked Department for reinstating funds for Mission Neighborhood Health Center
- Thankful for services for low income people at SFGH
- SFGH pharmacy is an important service for the community

- Urged not to cut funds for low income people
- Need more funds for SFGH pharmacy
- SFGH is important for poor people
- Will not be able to get same access to medications at the neighborhood pharmacies.

Dr. Katz clarified in Spanish that the same free medications would be available at the neighborhood pharmacies.

Lawrence Blon, private citizen, opposed elimination of beds and pharmacy; people will go without medications.

Mitch Thompson, LYRIC/EVRC/QYOC, advocated for needs for gay youth; need to outreach homeless youth.

Jen Plummer, QYOC, described her work with queer youth who are marginalized from their families; gay youth collective is already established; described outreach services.

Dr. Kevin Grumbach, CHN/UCSF, advocated for the preservation and enhancement of essential services at SFGH; not fully reflecting the pain for consumers; encouraged Commission to disagree with the cuts and see if the Commission is asking for enough funds from the Mayor.

Michelle Tactay, QYOC, advocated help for queer youth.

Rene Muslin, CCHH/QYOC, need for outreach to queer youth in the Mission, Castro, and Tenderloin; described services.

Anne Cassia, QYOC, advocated funding for queer youth proposal, which is a priority for the Treatment on Demand Council.

Sandi Andrews, QYOC, advocated for queer youth.

Enola D. Maxwell, Potrero Hill Neighborhood House, expressed disappointment with the President of the United States; need for more health care; how can anyone discontinue Potrero Hill Health Center? Described mental illness in the African American community.

Shannon Coughlin, Committee for Health Rights in the Americas, expressed outrage at cuts; urged hearings be held at SFGH and the clinics so that direct care providers can attend; read a letter from three nurses at SFGH.

Nora Roman, Emergency Coalition to Save Public Health, represents patients and staff; hopes Commission has guts to vote no to proposed cuts; suggested other solutions to budget problems; separate out the administration budget; need for long-term solutions.

John Tighe, SFGH, opposed cuts in infrastructure at SFGH; will lead to staff reductions and closure of units.

Dr. David Ofman, CHN Medical Practice Group, expressed support and concerns on the proposed budget; the merger of Potrero Hill Health Center is not worth disrupting

commitment to a community; concerned about reductions at SFGH; advised a step-wise approach.

Dr. Norma Jo Waxman, UCSF-Dept of Family and Community Medicine, disagrees with current hiring freeze; decreased reimbursements are the problem; health care is a right, not a privilege.

Chet Villalba, Mental Health Board, thanked Commissioners for listening; visited Potrero Hill Health Center and interviewed patients; read statements from the CHN brochure.

Eugene Menifee, ICHO, needs shelters and detox facilities.

Naim Harrison, Positive Direction=Change, expressed more services are needed in the Bayview Hunters Point areas; there's an attitude of "as long as it doesn't affect me".

James Ellison, citizen, wants to give back to the community; drug treatment services needed in the Bayview; other areas have facilities.

M.P.R. Howard, Tom Waddell Clinic CAB and Citywide CAB, medical trends towards privatization and dismantling of health systems; how many bodies will we find on our doorsteps?

Paulette Spencer, Potrero Hill Health Center Advisory Board, opposes closure of Center; improves quality of life in community.

Helyanna Brooke, Mental Health Board, applauded Dr. Katz but encouraged the Commission to say no to the proposed budget in this time of prosperity.

Mary Montoya opposes closure of pharmacy and Potrero Hill Health Center, which is important to the social fabric of the community.

Larry Bevan, SFGH/MHRF, described the special cultural units at SFGH; expressed concern on where people will go until alternatives are available; have to put prevention in place.

Oletha Hunt, CNA at LHH, described LHH different than ever before; residents need more care; invited Commissioners to spend a day at LHH; have to be fair to residents and staff.

David Twedall, Local 250, described working under time constraints; inadequate budget with no community input and consultation; no choice but to have senior staff leave.

Magdelena Soul, disabled low income patient, cuts at SFGH pharmacy and dental clinic at Potrero Hill Health Center are not right; disabled are too sick to attend meetings; think about people, not bureaucracy.

Teresita Gatan, Local 250, how can you give quality care when there's not enough staff.

Martha Hawthorne, Local 790, opposed all budget cuts; complete disregard for people working in the system; described a patient case.

Mary Magee, SFGH Birth Center, described vacancies in unit; take moral imperative and make investment of more monies for public health care.

Dr. Talmadge E. King, Chief, Medical Services at SFGH, described SFGH as an outstanding hospital; very efficient; being run close to the margin; stand up for this and do what's right; cannot take more in the Family Health Center; Commission should resist making a hasty decision.

President Guy asked for a modernized Public Health Department, this budget along with a strategic plan, and data to reflect a future direction.

Commissioner Sanchez thanked the community, providers, and staff for the insightful testimony. He sees erosion of the safety net and does not see cutting quality assurance any further. He recalled the history and evolution of the primary care clinics in the community; and these clinics are at risk. He has strong reservations on the proposed budget and would vote no on the proposed budget.

Commissioner Parker sees a vision becoming a nightmare. There's talk about a robust economy and these cuts. There's no sense to fund the Department at last year's level. It has gone from band-aid to no aide. Why try to protect the General Fund? It's there to spend. He cannot support the proposed budget.

Commissioner Umekubo strongly supported addressing the number of decertified days in the acute care hospital and feels the proposed budget addresses this problem. Inefficiencies need to be addressed. There would be no cuts in services and no lay-offs. The closing of the pharmacy and Potrero Hill Health Center make sense. Additionally, there's a need to look at the total primary care system. He encouraged the Commission to move ahead with the changes and closely monitor them.

Commissioner Chow expressed support for the new initiatives with the understanding that the alternative settings are operational before transferring out patients from acute care beds. It is not a matter of closing a whole unit of an inpatient psych ward. He promoted the idea of requesting more funds as a hedge in the budget during this transition. He sees the pharmacy proposal as a real patient benefit by subsidizing the neighborhood pharmacies. He would defer the closure of the Potrero Hill Health Center and put the entire issue of how many community primary care clinics we should have as part of the Strategic Plan. Selecting this one clinic might be premature at this time.

Commissioner Hill expressed his gratitude to Dr. Katz and his staff for their hard work. Commissioner Hill strongly supports the pharmacy closure and agrees with Commissioner Chow's suggestion to defer the Potrero Hill Health Center closure. The Department needs to move forward with the new initiatives and encourage his colleagues to step up to the plate to talk to City Hall officials.

President Guy encouraged her colleagues to go to City Hall to support the Department staff. She advocated for continuing dialogue and problem-solving with patients, providers, and the community. She also supports deferring Potrero Hill closure and requested the Department to re-look at the idea of selling Department property. There might be other uses for that building. Otherwise, she supports all of the other new initiatives.

All of the Commissioners, except one, supported deferring Potrero Hill Health Center closure for now.

Commissioner Hill recommended asking for $18 million plus the $12 million for COLA's. However, there was no second to his motion.

Action Taken: The Commission amended the proposed resolution by adding the following: "*Whereas, an additional $6 million would be needed to fully realize the savings from the reduction of the decertified beds at San Francisco General Hospital*"

Yes: Commissioners Chow, Guy, Hill and Umekubo
No: Commissioners Parker and Sanchez

Action Taken: The Commission amended the proposed resolution by adding more funds to the General Fund request:

"Whereas, the Department's budget still requires an additional General Fund allocation of approximately $19.6 million in order to balance to its expenditures "

"Further Resolved, that the Health Commission directs Department of Public Health to request additional General Funds in the amount of $25.6 million to avoid service reductions".

Yes: Commissioners Chow, Guy, Hill and Umekubo
No: Commissioners Parker and Sanchez

Action Taken: The Commission adopted Resolution # 1-2000, "Approving the Department of Public Health's Proposed Budget for FY 2000-01, Approving the Reallocation of Funds to Develop New Programs to Reduce the Need for Acute and Emergency Care, and Approving Cost Reductions Necessary to Absorb Cost Increases," (Attachment B), with the amendments.

Yes: Commissioners Chow, Guy, Hill and Umekubo
No: Commissioners Parker and Sanchez

6) UPDATE OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE

Tangerine Brigham, Director of Policy and Planning, provided an update on the Department's Strategic Planning Initiative, including the following:

- Inclusion of the strategic planning financing approaches in the Department's proposed fiscal year 2000-01 budget
- Recent strategic planning town hall meetings
- Analysis of health mandates, and
- Recruitment of consumers to the Strategic Planning Committees.

She also provided an updated work plan providing the Health Commission with our progress to date.

A copy of the full report is available in the Commission Office (554-2666).

Commissioner's comments:

- Important to talk to the difference community groups and to outreach to those communities
- Discussion of the primary care community clinics should be integrated into Strategic Planning
- Need to develop benchmarks to evaluate performances and quality of services
- Happy to see community people on the strategic planning committee, and
- Issue of a potential bond measure for the clinics should be part of strategic planning; Commission would hold public hearings on the bond issue, potentially in March; need to include and collaborate with the School District representatives and need to inform the various constituencies.

Public speaker:

M.P.R. Howard observed that a few people from the neighborhoods attended the Town Hall meetings; need to inform the neighborhoods about these meetings.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M. D.
Director of Health

MEMORANDUM

February 15, 2000

TO: Honorable Roma Guy, President and Members
San Francisco Health Commission

FROM: Mitchell H. Katz, M.D.
Director of Health

RE: Additional Information About need for Acute Care Beds for Fiscal Year 00-01

Concerns have been expressed that the decreases in overtime, per diem and temporary salaries and planned reassignments of hospital staff to outpatient settings are too great for the expected reductions in the need for acute care beds. I have looked closely at our assumptions regarding the expected decreases in acute hospitalization needs due to our new initiatives. Specifically, we have analyzed the impact of creating a patch for San Francisco General Hospital patient discharges (for patients with organic disorders), creating a new medicine psych SNF unit at Laguna Honda Hospital, adding an acute diversion residential program, developing a short stay unit at Laguna Honda Hospital, adding residential care beds, continuing the crisis resolution treatment programs, initiation of new wound care programs, and the prioritization of IMD beds for SFGH admissions.

As you can see from the attached spread sheet, these initiatives are anticipated to result in significant reductions in decertified days and the need for staffing for acute medical/surgical services. These reductions are larger than the decreases we have made to variable staffing. We, therefore, believe that we will have a sufficient number of staffed beds to meet the needs of our clients.

The Commission can rest assured that we will make the staff reductions only as the need for acute hospitalization decreases.

MK:kg

attachment

Estimated Reduction to the Need for Acute Care Beds
FY 00-01

Total Psych Acute Beds	Proposal to Reduce Decertified Days	Estimated # Beds No Longer Needed	Comments
92	Transfer to Organic Disorder Patched Beds	2	New Patched Beds for SFGH patient discharges
	Transfer to LHH Med/ Psych SNF	6	New Unit for Decertified SFGH Patients
	Transfer to Step down programs using new Hotel Program	15	New Hotel Program for 30 Beds
	Transfer to New Residential Care Beds	10	New Capacity of 16 beds added current year and 28 new beds due to be operational Spring 00
	Transfer to Patched IMD beds	5	Current Capacity of 320 IMD Beds will be prioritized for SFGH admission
	Sub-total Discharges	38	
	Decreased Admissions due to continued success of CRT Program and Mobile Crisis Services and Crisis Case Management	12	New Program reduces PES episodes by 400 per year
	Decreased Admission due to new residential diversion program	9	12 New Beds to Prevent Hospitalization at SFGH
	Sub-total Fewer Admissions	21	
Total Medical Acute Beds	**Proposals to Reduce the Need for Med Surg Beds**		
193	Disharges to LHH New Units	15	New short stay wards and Med/Psych Ward
	Reduced Admission due to New Wound Care Programs	12	Estimated 9,000 patient days due to soft tissue infection; Proposal is to reduce this number by half.
	Subtotal Discharges and Reduced Admissions	27	

Attachment A
Page 2 of 2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-2000

APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED BUDGET FOR FY 2000-01, APPROVING THE REALLOCATION OF FUNDS TO DEVELOP NEW PROGRAMS TO REDUCE THE NEED FOR ACUTE AND EMERGENCY CARE, AND APPROVING COST REDUCTIONS NECESSARY TO ABSORB COST INCREASES

WHEREAS, the Department of Public Health has developed a budget for FY 2000-01 which implements several high-priority initiatives consistent with recommendations made during the Strategic Planning process that have been endorsed by the Health Commission; and,

WHEREAS, for the FY 2000-01 budget, the Department was instructed to fund cost of living increases to its civil service employees, to fund other cost increases, to fund costs of volume increases, and to absorb revenue losses within existing resources, for a total gap of $40 million; and,

WHEREAS, the Department was informed that no additional General Funds will be allocated at the current time to fund increased costs or lost revenues for fiscal year 2000-01; and,

WHEREAS, the costs to provide and maintain acute and emergency services at the current level are increasing beyond the amount of funding available to the Department; and,

WHEREAS, there is a significant number of patients in acute care that could be served in sub-acute and community based treatment; and,

WHEREAS, the Department's goal for next fiscal year is to reduce admissions and lengths of stay and to accelerate the discharge of patients who do not require acute care; and,

WHEREAS, the Department has re-prioritized its services to fund increases to prevention, community-based and sub-acute services to provide more appropriate level of care to patients; and,

WHEREAS, the Department recognizes that funding its infrastructure is critical to the continuation of its services, and has requested increases to its capital project and equipment budgets in order to begin to address long-standing underfunding of equipment and maintenance and repair of its facilities; and,

WHEREAS, the Department has also reallocated its resources to backfill reductions to HUD/McKinney housing grants, to maintain costs of supported housing services, and by funding unavoidable cost increases; and,

WHEREAS, the Department has proposed to reconfigure services to meet budget constraints and to provide more effective delivery of primary care based services; and,

WHEREAS, the Department has proposed changes in Community Health Network outpatient pharmacy services, primary care services, billing services, and materials management services in order to reduce costs and enhance productivity; and,

WHEREAS, the Department will grant cost of living adjustments to contractors, including the University of California, by reallocating and reducing costs within contracted programs and in other operating expenses; and,

WHEREAS, the Department has proposed to enhance trauma services, to increase children's mental health services and mental health pharmacy services, to increase public health services, all of which are funded through increased State and Federal revenues; and,

WHEREAS, the Department's budget still requires an additional General Fund allocation of approximately $19.6 million in order to balance to its expenditures; and,

WHEREAS, an additional $6 million would be needed to fully realize the savings from the reduction of the decertified beds at San Francisco General Hospital; and,

WHEREAS, the Department cannot make further reductions without seriously eroding quality of services; now, therefore, be it

RESOLVED, that the Health Commission approves the submittal of the Department of Public Health's FY 2000-01 plan and budget, and, be it

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to request additional General Funds in the amount of $25.6 million to avoid service reductions, and, be it

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to begin reconfiguring services and implementing new programs that are consistent with the Department's expenditure budget as appropriated by the Mayor and Board of Supervisors in order achieve cost savings in the current year.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission on February 15, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Terry Gwiazdowski, Government Inf. Center
S.F. PUBLIC LIBRARY, CIVIC CENTER
100 Larkin Street, 5th Floor
San Francisco, CA 94102

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAR - 2 2000

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March 7, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF MINUTES OF THE SPECIAL MEETING OF FEBRUARY 8, AND THE REGULAR MEETING OF FEBRUARY 15, 2000**
*Minutes of February 8 and February 15

3) **PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH Administration –** Request for approval of a supplemental appropriation to fund Laguna Honda Hospital plans for the hospital rebuild. (Funded through the Tobacco Settlement Fund.)
**(To be provided)*

(3.2) **CHSS-BEHM –** Request for consideration and approval of proposed fee schedule amendment for the special events and temporary food facilities program, adjusting fees for inspections and permits for special events food handling, effective July 1, 2000.
**(To be provided)*

(3.3) **PHP-CSAS –** Request for retroactive approval to accept and expend $246,500 in funds from UCSF Institute of Health Policy Studies, for evaluation of treatment on demand policies, for the period of September 28, 1999 through September 27, 2000.
**Calendaring request memo, Grant application information form, Budget justification form.*

(3.4) **CHS-Children Youth & Families –** Request for approval of a modification to the three-year contract with Polaris Research and Development, Inc. to add $140,000 for the period of January 1, 2000 through December 31, 2000, for the provision of home visitor services, bringing the third year contract amount to $176,800. The total amount of this three-year contract is $372,516 for the period of January 1, 1998 through December 31, 2000. (DPH contracted with Polaris for services totaling $730,150 during FY 1998-99).
**Calendaring request memo, Client demographic information form, Monitoring report summary.*

(3.5) **CHPP-HIV Prevention Services –** Request for approval of a two-year contract renewal with Instituto Familiar de la Raza in the amount of $138,146 per year, to provide HIV prevention services targeting Latino men who have sex with men (MSM) and men who have sex with men and women (MSM/F) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with Instituto for services totaling $4,526,738 during FY 1998-99).
**Calendaring request memo, Client demographic information form, Monitoring report summary.*

(3.6) **CHPP-HIV Prevention Services –** Request for approval of a two-year contract renewal with CAL-PEP in the amount of $268,533 per year to provide HIV prevention program services targeting behavioral risk populations, evaluation services and venue-based individual outreach, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with CAL-PEP for services totaling $268,533 during FY 1998-99).
**Calendaring request memo, Client demographic information form, Monitoring report summaries.*

(3.7) **CHPP-HIV Prevention Services –** Request for approval of a contract renewal with Black Coalition on AIDS (BCOA) in the amount of $86,379 to provide HIV prevention services targeting the African American Transgender population, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with BCOA for services totaling $822,098 during FY 1998-99).
**Calendaring request memo, Client demographic information form, Monitoring report summary.*

(3.8) **CHPP-HIV Prevention Services –** Request for approval of a two-year contract renewal with Tenderloin AIDS Resource Center (TARC) in the amount of $163,047 per year to provide HIV prevention services targeting behavioral risk populations (MSM, MSM-IDU, FSM, FSM-IDU) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with TARC for services totaling $557,430 during FY 1998-99).
**Calendaring request memo.*

(3.9) **CHPP-HIV Prevention Services –** Request for approval of a multi-year contract renewal with Mission Neighborhood Health Center (MNHC) in the amount of $260,442 to provide HIV prevention services targeting behavioral risk populations (MSM and who are HIV+) for the period of July 1, 1999 through December 31, 2001. (DPH contracted with MNHC for $890,609 during FY 1998-99).
**Calendaring request memo.*

(3.10) **CHPP-HIV Prevention Services –** Request for approval of a two-year contract renewal with Regents UCSF/Urban Health Study (UCSF/UHS) in the amount of $564,263 per year to provide HIV prevention services targeting behavioral risk populations (MSM-IDU, MSM/F-IDU,

FSM-IDU, MSF-IDU, FSM/F-IDU and FSF-IDU) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with UCSF/UHS for services totaling $564,263 during FY 1998-99).
**Calendaring request memo.*

(3.11) **CHS-HIV Health Services –** Request for approval of a sole source new contract with Continuum HIV Day Services in the amount of $828,360 to provide transitional case management services targeting HIV+ inmates being released from the San Francisco County Jail system, for the period of March 15, 2000 through June 30, 2001. (DPH contracted with Continuum for services totaling $669,648 during FY 1998-99).
**Calendaring request memo, Client demographic information form.*

(3.12) **PHP-HIV Health Services -** Request for approval of the FY 2000-2001 Ryan White Comprehensive AIDS Resources Emergency Act (CARE) of 1990 Title I, Title II and General Fund contracts for a combined total of $38,018,791 for the period of March 1, 2000 through February 28, 2001 for Title I funds, April 1, 2000 through March 31, 2001 for Title II funds and July 1, 2000 through June 30, 2001 for General Fund programs with the following agencies:

AIDS Emergency Fund	$ 662,392
AIDS Legal Referral Panel	$ 200,952
American College of Traditional Chinese Medicine	$ 276,827
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Haight Ashbury Free Medical Clinics, Inc.	$1,005,557
Immune Enhancement Project	$ 223,668
Instituto Familiar de la Raza	$ 255,310
Iris Center	$ 150,000
Legal Services for Children	$ 190,915
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Lyon Martin Women's Health Services	$ 381,727
Maitri AIDS Hospice	$ 981,880
Marin County	$1,501,296
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New Leaf (mental health services)	$ 147,212
Positive Resource Center	$ 498,455
Project Open Hand	$1,348,637
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Saint Mary's Medical Center.	$1,234,862
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SFDPH Community Health Network-SFGH-Positive Health Practice	$ 144,784

SFDPH Community Health Network-Tom Waddell		$ 175,353
SFDPH PHP Mental Health Services		$ 288,234
SFDPH PHP Public Health Laboratory		$ 58,560
SFDPH PHP STD Services		$ 176,929
SFDPH PHP Substance Abuse Services		$ 250,000
SFDPH PHP Housing Services		$ 8,704,836
Ark of Refuge, Inc -	$ 282,480	
Baker Places -	$1,577,064	
Black Coalition on AIDS –	$ 373,912	
Catholic Charities -	$1,393,216	
Larkin Street Youth Center -	$ 643,357	
Lutheran Social Services -	$ 145,488	
San Francisco AIDS Foundation -	$4,213,562	
Walden House -	$ 75,757	
San Francisco Suicide Prevention		$ 107,784
San Mateo County		$ 2,300,965
Shanti Project		$ 892,897
Tenderloin AIDS Resource Center		$ 349,962
UCSF/AIDS Health Project		$ 977,701
UCSF/Center on Deafness		$ 40,236
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UCSF/ Women's Specialty Clinic		$ 222,000
University of the Pacific-School of Dentistry		$ 543,600
Urban Indian Health		$ 72,780
Walden House		$ 1,699,928
Westside Community Mental Health Services		$ 212,850
		$38,018,791

**Calendaring request memo, Associated funding allocations list.*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR PRESENTATION ONLY: PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR FEBRUARY 2000**

6) **FOR DISCUSSION: PRESENTATION OF THE ENVIRONMENTAL HEALTH DIVISION**
**Report*

7) **FOR DISCUSSION: REPORT ON THE TOBACCO FREE (PROPOSITION 99) PROGRAMS, EVALUATION AND OUTCOMES**
**Report*

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

8) OTHER BUSINESS/PUBLIC COMMENTS**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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MAR 16 2000

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 7, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:15 p.m.

In memory of Henry (Hank) Tavera, the Health Commission had a moment of silence. Mr. Tavera died on February 27, 2000 at the age of 56. He was a Chicano gay activist, cultural worker, archivist, and AIDS intervention specialist at S.F. City Clinic. Born in East Los Angeles, he lived in San Francisco for 21 years. He was cofounder of National LLEGO and LLEGO California, empowering Latino GLBT. He co-authored the Multicultural Plan for Dignity/San Francisco; he was a voting delegate to LIFE; director of several Latino plays; and artistic director of the AIDS Theater Festival. Hank was beloved by his friends, colleagues, and those whose lives he touched.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF THE SPECIAL MEETING OF FEBRUARY 8, 2000, AND THE REGULAR MEETING OF FEBRUARY 15, 2000

Action Taken: The Commission unanimously adopted the minutes of the special meeting of February 8, 2000.

Action Taken: The Commission unanimously adopted the minutes of February 15, 2000, with an amendment to the Health Commission Resolution #1-2000, "Approving the Department of Public Health's Proposed Budget for FY 2000-01, Approving the Reallocation of Funds to Develop New Programs to Reduce the Need for Acute and Emergency Care, and Approving Cost Reductions Necessary to Absorb Cost Increases," by adding: *"WHEREAS, decreases in acute care beds and services will occur as community based and skilled nursing alternatives are achieved."*, (Attachment A).

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE (Commissioner Ron Hill)

(3.1) **DPH Administration** – Request for approval of a supplemental appropriation to fund Laguna Honda Hospital plans for the hospital rebuild. (Funded through the Tobacco Settlement Fund.)

This item was postponed to a future meeting.

(3.2) **CHSS-BEHM** – Request for consideration and approval of proposed fee schedule amendment for the special events and temporary food facilities program, adjusting fees for inspections and permits for special events food handling, effective July 1, 2000.

See Resolution #2-2000, "Increasing Fees to Cover the Cost of the Food Safety Program," (Attachment B.)

(3.3) **PHP-CSAS** – Request for retroactive approval to accept and expend $246,500 in funds from UCSF Institute of Health Policy Studies, for evaluation of treatment on demand policies, for the period of September 28, 1999 through September 27, 2000.

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.4) **CHS-Children Youth & Families** – Request for approval of a modification to the three-year contract with Polaris Research and Development, Inc. to add $140,000 for the period of January 1, 2000 through December 31, 2000, for the provision of home visitor services, bringing the third year contract amount to $176,800. The total amount of this three-year contract is $372,516 for the period of January 1, 1998 through December 31, 2000. (DPH contracted with Polaris for services totaling $730,150 during FY 1998-99).

(3.5) **CHPP-HIV Prevention Services** – Request for approval of a two-year contract renewal with Instituto Familiar de la Raza in the amount of $138,146 per year, to provide HIV prevention services targeting Latino men who have sex with men (MSM) and men who have sex with men and women (MSM/F) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with Instituto for services totaling $4,526,738 during FY 1998-99).

(3.6) **CHPP-HIV Prevention Services** – Request for approval of a two-year contract renewal with CAL-PEP in the amount of $268,533 per year to provide HIV prevention program services targeting behavioral risk populations, evaluation services and venue-based individual outreach, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with CAL-PEP for services totaling $268,533 during FY 1998-99).

The Department is confident that the contractor will meet its March 15, 2000 deadline.

Commissioner Hill requested an update at the May 2, 2000 Budget Committee meeting.

(3.7) **CHPP-HIV Prevention Services** – Request for approval of a contract renewal with Black Coalition on AIDS (BCOA) in the amount of $86,379 to provide HIV prevention services targeting the African American Transgender population, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with BCOA for services totaling $822,098 during FY 1998-99).

The Commission requested an update on outstanding documents at the May 2, 2000 Budget Committee meeting.

(3.8) **CHPP-HIV Prevention Services** – Request for approval of a two-year contract renewal with Tenderloin AIDS Resource Center (TARC) in the amount of $163,047 per year to provide HIV prevention services targeting behavioral risk populations (MSM, MSM-IDU, FSM, FSM-IDU) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with TARC for services totaling $557,430 during FY 1998-99).

Due to a clerical error, there were other appropriate materials missing for this item.

(3.9) **CHPP-HIV Prevention Services** – Request for approval of a multi-year contract renewal with Mission Neighborhood Health Center (MNHC) in the amount of $260,442 to provide HIV prevention services targeting behavioral risk populations (MSM and who are HIV+) for the period of July 1, 1999 through December 31, 2001. (DPH contracted with MNHC for $890,609 during FY 1998-99).

Due to a clerical error, there were other appropriate materials missing for this item. The Department reported responses to the monitoring report were submitted.

(3.10) **CHPP-HIV Prevention Services** – Request for approval of a two-year contract renewal with Regents UCSF/Urban Health Study (UCSF/UHS) in the amount of $564,263 per year to provide HIV prevention services targeting behavioral risk populations (MSM-IDU, MSM/F-IDU, FSM-IDU, MSF-IDU, FSM/F-IDU and FSF-IDU) for the period of January 1, 2000 through December 31, 2001. (DPH contracted with UCSF/UHS for services totaling $564,263 during FY 1998-99).

Due to clerical error, there were other appropriate materials missing for this item.

Commissioners requested an update to this contract at the May 2, 2000 Budget Committee.

Commissioner Sanchez abstained on this item due to conflict of interest.

(3.11) **CHS-HIV Health Services** – Request for approval of a sole source new contract with Continuum HIV Day Services in the amount of $828,360 to provide transitional case management services targeting HIV+ inmates being released from the San Francisco County Jail system, for the

period of March 15, 2000 through June 30, 2001. (DPH contracted with Continuum for services totaling $669,648 during FY 1998-99).

(3.12) **PHP-HIV Health Services** - Request for approval of the FY 2000-2001 Ryan White Comprehensive AIDS Resources Emergency Act (CARE) of 1990 Title I, Title II and General Fund contracts for a combined total of $38,018,791 for the period of March 1, 2000 through February 28, 2001 for Title I funds, April 1, 2000 through March 31, 2001 for Title II funds and July 1, 2000 through June 30, 2001 for General Fund programs with the following agencies:

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		$38,018,791

Michelle Dixon, AIDS Office, reported that she will bring four remaining contracts to a future meeting.

Commissioner Sanchez abstained on the five UCSF contracts; and Commissioner Umekubo abstained on the St. Mary's Medical Center contract due to conflicts of interest.

As requested earlier, Commissioner Chow requested a report on the evaluation of alternative treatments for HIV.

Commissioner Parker requested clarification on units of service for each contractor.

Action Taken: The Commission approved items #3.2 through #3.12, with the specific follow-up requests.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

ADMINISTRATION

Conference on Medical Marijuana

The University of California School of Medicine will be presenting a full day conference June 10th on medical marijuana entitled: "Cannabis Therapy: Science, Medicine and the Law."

The program is intended to provide practicing physicians with useful and accurate information about the benefits and risks of cannabis therapy for specific types of patients and/or medical conditions.

Speakers will discuss the elements of informed consent doctrine, appropriate documentation in the patient medical record of a physician's discussion/approval of cannabis therapy, and state and federal legal considerations. The program will address professional liability coverage, the relevant standard of care and the development of pharmaceutical-quality cannabis extracts and nonsmoking delivery devices.

POPULATION HEALTH AND PREVENTION

HIV Prevention

Steven Tierney, Ed.D., began his tenure as the new Director of HIV Prevention March 6 th. Many of you already know Steven from his work on the HIV Prevention Planning Council, his Executive Directorship of Health Initiative for Youth (HIFY), and his leadership on national HIV/AIDS policy issues.

STD Prevention and Control

An agreement was reached this month with the San Francisco Unified School District to expand STD screening among the public high school students. DPH will begin screening students at all alternative and community day schools in the City. Screening will also be done at selected mainstream high schools that participated in the pilot screening project.

Homeless Outreach Prevention Effort (HOPE)

Along with the new initiatives that the Health Department is proposing for the next fiscal year and underscoring the change in the way we deliver services, the former Death Prevention Team has recast itself to emphasize prevention. We will not continue to focus on body count. The former Mission Rock Shelter Health Care team joined with the Homeless Death Prevention Project's Health Outreach team to form the new Homeless Outreach Prevention Effort (HOPE) team. The eight-person team includes social workers, health workers, physicians, a nurse, nurse practitioners, and an eligibility worker.

The HOPE team targets individuals with one or more medical or psychosocial problem who have difficulty accessing support on their own. The team provides health care on the streets and in SRO hotels with a special focus on the Mission and Jefferson hotels where many former Mission Rock residents now reside. The nature of these patients' problems calls for time consuming and intensive work. The team's goal is to provide assistance, which enables each patient to access ongoing primary care as well as stable, and supportive living environments. Questions and referrals can be made to Damon Eaves, MSW, at 554-2731.

Women's Health Services

The Commission on the Status of Women held a hearing February 23rd on the status of women's health. Commission President Roma Guy articulated DPH's commitment to women's health. Kate Monico-Klein, Coordinator of Women's Health, provided background and introduced presentations by Mildred Crear, Director of the Bureau of Children, Youth and Family; Cynthia Selmar, Coordinator of the African American Health Initiative, and Jan Murphy, Director, Primary Care. Feedback from the COSW was very positive. Thanks to all who participated.

Lesbian Health Summit /Lesbian Health Forum

A summit on lesbian health sponsored by the Mayor's Office and Supervisor Leslie Katz will be held April 7th. The summit is in response to the Institute of Medicine's recent report on lesbian health. If you are interested in participating, please contact Kate Monico-Klein, at 554-2608.

African American Health Initiative

The Bayview Hunter's Point Health and Environment Resource Center held a Conference February 19th for the African American Men's Health Initiative-Prostate Cancer Project at Southeast Community College. Presenters included survivors and experts in the field. Three well known African American Physicians, Arthur H. Coleman, M.D., Family Practitioner; Edward Collins, M.D., Urologist; and Joycelyn Speight, M.D., Ph.D., Clinical Fellow Radiation Oncology, spoke at the conference. The American Cancer Society, Health and Environment Resource Center, and the African American Health Initiative, provided resource tables.

Breastfeeding Accommodation Policy at Silver Avenue Health Center

The Silver Avenue Family Health Center has signed a new policy titled "Breastfeeding Accommodation". The purpose of the policy is to provide guidelines to assist any breastfeeding staff person to continue breastfeeding upon their return to work. It provides a space, and allows time for the staff person to use a breast pump during work hours. This is in accordance with the American Academy of Pediatrics Policy Statement on breastfeeding, which encourages employers to provide facilities and time in the workplace for breast pumping.

If anyone wants assistance in writing a policy for his or her worksite, please contact Gail Davis, at 715-0370.

Tobacco Free Project

We have been advised by the White House that President Clinton is sending a letter of recognition to the youth advocates from Booker T. Washington Community Services Center and the African American Tobacco Free Project. The Commission may recall that members of these groups—which are funded by the Tobacco Free Project—were instrumental in bringing the subject of bidis before the Federal Trade Commission and the U.S. Customs Service.

The efforts of these youth advocates led to a special segment on "60-Minutes" and resulted in the U.S. Customs Service banning certain bidis because of evidence that they were being produced with bonded child labor. It is also worth noting that the outcome of the initiative these youths demonstrated is an example of the unexpected benefits of the Tobacco Free Project's approach to prevention. To be able to support and witness the creative activities of local youth advocates that brings about a significant change in national public policy is a rewarding and confirming event for our prevention program and for the youths who will inherit this tradition. This very fine group of youth advocates will be presented the President's letter on March 15th. The Health Commission will be receiving an invitation to this event.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital's Waiver

The Health Care Financing Agency (HCFA) has approved Laguna Hospital's request for a waiver to maintain the census by keeping the open wards and private/semi-private rooms at the current capacity. We had strongly argued the importance of maintaining the city's capacity of skilled nursing beds because of the overall loss of over 100 SNF beds in the last two years.

Robert Christmas Moves to LHH

Robert Christmas has joined the Laguna Honda team as the Associate Administrator for Operations effective March 1, 2000. Robert has served on the administrative team at San Francisco General Hospital for the past 18 years. During his tenure, he served as Director of Ambulatory Services for ten years, Acting CEO for one year, and for the past two years, Robert has been responsible for accreditation and licensure for the entire SFGH Campus. Robert is nationally recognized for his

expertise in educating and preparing staff for health care system surveys by various regulatory agencies.

As Associate Administrator at LHH, Robert will be responsible for the Pharmacy, Nutrition Services, General Services, Materials Management, Plant Services, Capital Projects, Institutional Policy, Telecommunications and the hospital's Safety and Emergency preparedness programs. He will also play an integral leadership role in preparing for future DOJ visits and State and Federal surveys as well as participating in the planning of the new facility.

Laguna Honda Nursing Division Personnel Changes

Anne Hughes, RN, MS, FAAN, has joined the Laguna Honda Nursing Division as the Clinical Specialist for Palliative Care Services. In her new role she will be developing the quality, educational and clinical practice programs for this service area. Anne comes to LHH after many years of distinguished service and leadership at SFGH. Anne chose LHH as the place to develop this new role and move her career in the direction of Long Term Care.

Nursing Awards

Two nursing leaders have received recognition for their expertise and contributions to Nursing. Mivic Hirose, RN, MSN, has been selected as a finalist for this year's Nursing Excellence Award sponsored by Nurse Week publication. Ron Walent, MS, RNCS, was selected by the Journal of Gerontological Nursing to serve as a member of the review panel for the national publication. Congratulations to both for their accomplishments.

Chancellor's Award

Donna Howell, Finance and Business Manager for the School of Medicine Dean's Office at SFGH, is being honored as a recipient of the Chancellor's Award for Exceptional University Management. The three recipients will be honored at the annual UCSF Founder's Day luncheon on March 21. Donna's reputation for service and mentoring is legend at SFGH to CHN and UCSF employees.

Early Intervention Program at Southeast Health Center

The State of California, Department of Health Services, Office of AIDS (DHS/OA) awarded DPH a $350,000 augmentation to its Early Intervention Project (EIP) grant. The new grant will respond to the growing concern of residents of Bayview Hunter's Point that HIV/AIDS is among the top three health problems facing the community. The new project will be located at Southeast Health Center, 2401 Keith Street. EIP is expected to start in April 2000.

The new HIV/AIDS services will include medical evaluation and treatment, psychosocial case management and health education, aimed at reducing high risk behaviors among infected individuals and community residents in the Southeast section of San Francisco. Southeast Health Center will work with other Bayview Hunter's Point HIV/AIDS prevention providers to develop a system of coordinated HIV/AIDS services for the Southeast Community of San Francisco.

Expanded STD Screening at Potrero Hill Health Center

The Potrero Hill Health Center (PHHC) recently began a special one-year project of chlamydia screening among asymptomatic male patients, ages 14 - 30 years. Jeffrey Klausner, M.D., STD Prevention and Control Director contracted with PHHC because of the extremely high chlamydia incidence among its patient population. Among women, PHHC has the highest prevalence of chlamydia in all of the City's health centers, even higher than the City's STD Clinic. It is hoped that by screening asymptomatic male urine, chlamydia will be identified earlier in males and their female sexual partners, thereby decreasing the serious complications of female pelvic inflammatory disease and infertility.

Commissioner Monfredini expressed her gratitude to all who sent supportive messages and cards to her and her husband Jim.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR FEBRUARY 2000

The Commission presented the February Department of Public Health Employee Recognition Awards to:

Individual Nominee	Division	Nominated by
Norm Nickens	Central Administration, EEO	Barbara Garcia

6) PRESENTATION OF THE ENVIRONMENTAL HEALTH DIVISION

Dr. Rajiv Bhatia, Director of Environmental Health and OSH, presented the annual report on the status of environmental health in San Francisco. A copy of the report is available at the Commission Office.

Dr. Bhatia reported that State, Federal and local regulations and mandates are generally effective in protecting San Franciscans from traditional environmental threats, such as polluted air and contaminated food and water. Emerging environmental health issues include indoor air quality and its relationship to asthma morbidity and novel pathogens as contaminants in municipal water. Programs and polices need to shift and develop in recognition of changing concerns.

The Department of Public Health will continue to pursue research and develop initiatives to address social and environmental justice concerns.

Dr. Bhatia reported updates on key environmental indicators, such as air quality, childhood lead exposure, asthma, water and food borne diseases, water quality, solid waste generation, and rodent activity.

He also presented key program activities and accomplishments; and described the planning for future initiatives.

Commissioners raised issues around development of asthma data, the ongoing problem of rodent control and infestation, environmental health education in communities and with the School District, environmental clean-up on City properties, water safety, effects of radio frequency radiation, toxic waste on Bayview Hunters Point, lead exposure, causes of mold, and priorities of environmental health.

Dr. Katz and Commissioner Chow emphasized the importance of having a physician looking at a wide range of activities and with a special expertise in environmental health and occupational medicine. The Division's direction is to look at the disease determinants and communities.

7) REPORT ON THE (PROPOSITION 99) TOBACCO FREE PROGRAMS, EVALUATION AND OUTCOMES

Alyonik Hrushow, Tobacco Free Project Director, presented an overview of the Tobacco Free Project, including the background on the Prop 99 funded component; outcomes at the State level and

in San Francisco; staffing; contracts; the Tobacco Free Coalition; and evaluation. Information on the California Tobacco Control Program was also provided.

A copy of the full report is available in the Commission Office.

Public Speakers:

Carol McGruder, S.F. African American Tobacco Free Project, submitted her document *"Tobacco's Global Ghettos: Big Tobacco Targets the World's Poor."* She expressed her support for the Tobacco Free Project and its importance for diverse communities.

Kirk Kleinschmidt, American Heart Association, commended the project and its staff for being comprehensive.

Commissioners discussed penalties and fines for selling tobacco to minors, pending ordinances for local tobacco control, and the importance to regulate the sales of tobacco to minors by increasing fines and impacting the business licenses.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-2000

APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED BUDGET FOR FY 2000-01, APPROVING THE REALLOCATION OF FUNDS TO DEVELOP NEW PROGRAMS TO REDUCE THE NEED FOR ACUTE AND EMERGENCY CARE, AND APPROVING COST REDUCTIONS NECESSARY TO ABSORB COST INCREASES

WHEREAS, the Department of Public Health has developed a budget for FY 2000-01 which implements several high-priority initiatives consistent with recommendations made during the Strategic Planning process that have been endorsed by the Health Commission; and,

WHEREAS, for the FY 2000-01 budget, the Department was instructed to fund cost of living increases to its civil service employees, to fund other cost increases, to fund costs of volume increases, and to absorb revenue losses within existing resources, for a total gap of $40 million; and,

WHEREAS, the Department was informed that no additional General Funds will be allocated at the current time to fund increased costs or lost revenues for fiscal year 2000-01; and,

WHEREAS, the costs to provide and maintain acute and emergency services at the current level are increasing beyond the amount of funding available to the Department; and,

WHEREAS, there is a significant number of patients in acute care that could be served in sub-acute and community based treatment; and,

WHEREAS, the Department's goal for next fiscal year is to reduce admissions and lengths of stay and to accelerate the discharge of patients who do not require acute care; and,

WHEREAS, the Department has re-prioritized its services to fund increases to prevention, community-based and sub-acute services to provide more appropriate level of care to patients; and,

WHEREAS, the Department recognizes that funding its infrastructure is critical to the continuation of its services, and has requested increases to its capital project and equipment budgets in order to begin to address long-standing underfunding of equipment and maintenance and repair of its facilities; and,

WHEREAS, the Department has also reallocated its resources to backfill reductions to HUD/McKinney housing grants, to maintain costs of supported housing services, and by funding unavoidable cost increases; and,

WHEREAS, the Department has proposed to reconfigure services to meet budget constraints and to provide more effective delivery of primary care based services; and,

WHEREAS, the Department has proposed changes in Community Health Network outpatient pharmacy services, primary care services, billing services, and materials management services in order to reduce costs and enhance productivity; and,

WHEREAS, the Department will grant cost of living adjustments to contractors, including the University of California, by reallocating and reducing costs within contracted programs and in other operating expenses; and,

WHEREAS, the Department has proposed to enhance trauma services, to increase children's mental health services, mental health pharmacy services, and public health services, all of which are funded through increased State and Federal revenues; and,

WHEREAS, the Department's budget still requires an additional General Fund allocation of approximately $19.6 million in order to balance to its expenditures; and,

WHEREAS, decreases in acute care beds and services will occur as community based and skilled nursing alternatives are achieved; and,

WHEREAS, an additional $6 million would be needed to fully realize the savings from the reduction of the decertified beds at San Francisco General Hospital; and,

WHEREAS, the Department cannot make further reductions without seriously eroding quality of services; now, therefore, be it

RESOLVED, that the Health Commission approves the submittal of the Department of Public Health's FY 2000-01 plan and budget, and, be it.

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to request additional General Funds in the amount of $25.6 million to avoid service reductions, and, be it

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to begin reconfiguring services and implementing new programs that are consistent with the Department's expenditure budget as appropriated by the Mayor and Board of Supervisors in order achieve cost savings in the current year.

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission on February 15, 2000, and amended on March 7, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-2000

INCREASING FEES TO COVER THE COST OF THE FOOD SAFETY PROGRAM

WHEREAS, all food sales or distribution facilities operating in San Francisco are required to obtain a Permit to Operate issued by the Department of Public Health; and,

WHEREAS, the San Francisco Director of Public Health is authorized to enforce the California Health and Safety Code, and California Uniform Retail Food Facility Law (CURFFL), which mandate the permitting and inspection of all retail food facilities; and,

WHEREAS, special events, such as street fairs, where vendors prepare and serve food to the public, require permits and inspections of food booths in order to determine compliance with safe food handling laws; and,

WHEREAS, these inspectional activities promote the serving of safe food to the residents and visitors to San Francisco; and,

WHEREAS, the California Health and Safety Code, and the San Francisco Municipal Code, directs that fees be collected from special event organizers and food vendors, sufficient to cover the cost of providing oversight of these temporary food operations; and,

WHEREAS, the proposed fee increase seeks to cover the cost of the food safety program to be maintained at its current level of service; now, therefore, be it

RESOLVED, that the Health Commission hereby approves the proposed ordinance amendments to the San Francisco Municipal Code (Part II, Health Code, Part III, Revenue and Finance Code and the Administrative Code.)

I hereby certify that the foregoing resolution was adopted by the San Francisco Health Commission on March 7, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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John L. Umekubo, M.D.
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Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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MAR 16 2000

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AGENDA

HEALTH COMMISSION MEETING

March 21, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION: APPROVAL OF THE REGULAR MEETING OF MARCH 7, 2000**
**Minutes of March 7, 2000*

3) **PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-CMHS –** Request for approval to accept and expend federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds received by, and passed through, Asian American Recovery Services, Inc. (AARS), a community-based agency currently providing substance abuse and mental health services to San Francisco's Asian community, for Comprehensive Asian Preschool Services.
**Calendaring request memo, Grant application form, Budget information.*

(3.2) **PHP-CMHS** – Request for approval of a new sole source contract with Support for Families of Children with Disabilities (SFCD), in the amount of $270,000, to provide mental health outreach and counseling services targeting families of children with mental health issues and special needs, for the period of April 1, 2000 through March 31, 2001.
**Calendaring request memo.*

(3.3) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with Regents UCSF AIDS Health Project (UCSF) in the amount of $455,676 per year for a total of $911,352, to provide HIV counseling, testing, risk reduction and partner counseling and referral services targeting behavioral risk populations, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with UCSF for services totaling $6,442,691 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.4) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with Haight Ashbury Free Clinic Inc. (HAFC), in the amount of $81,689 per year for a total of $163,378, to provide HIV counseling, testing, risk reduction and partner notification services targeting behavioral risk populations in San Francisco, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with HAFC for services totaling $13,406,339 during FY 1998-99).
**Calendaring request memo, Monitoring reports summary, Client demographic information.*

(3.5) **PHP–HIV Prevention –** Request for approval of contract renewal with CompassPoint Nonprofit Services (formerly Support Center for Nonprofit Management), in the amount of $300,000, ($180,000 for the term of 1/1/2000-12/31/00, and $120,000 for the term of 1/1/01-12/31/01), to provide organizational development and capacity building services for HIV prevention community-based organizations, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with Support Center for services totaling $1,106,985 during FY 1998-99).
**Calendaring request memo, Monitoring report summary, Client demographic information.*

(3.6) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with Asian Pacific Islander Wellness Center (APIWC), in the amount of $471,653 per year for a total of $943,216, to provide HIV prevention services targeting various Asian and Pacific Islander behavioral risk groups, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with APIWC for services totaling $1,178,221 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.7) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with California AIDS Intervention Training Center (CAITC), in the amount of $142,398 per year for a total of $284,796, to provide HIV prevention services for the period of January 1, 2000 through December 31, 2001. (DPH contracted with CAITC for services totaling $263,217 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.8) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with California AIDS Intervention Training Center (CAITC), in the amount of $138,001 per year for a total of $276,002, to provide HIV prevention/street outreach services targeting various behavioral risk groups, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with CAITC for services totaling $263,217 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.9) **PHP-Special Projects (HIV Seroepidemiology)** – Request for approval to accept and expend new funding in the amount of $214,584 from John Snow, Inc., to support personnel for the HIV Postexposure Prophylaxis (PEP) Registry Project, for a period of April 1, 2000 to September 30, 2001; and a sole source contract with UCSF for research assistance in the amount of $188,405 for the same time period. (DPH contracted with UCSF for services totaling $6,442,691 during FY 1998-99).
**Calendaring request memo, Grant application Information form, Budget detail form.*

(3.10) **PHP-BEHM** – Request for approval of new contract with Dillard Environmental Services, in the amount of $200,000 per year for a total of $450,000, to provide hazardous waste management and transportation services, for the period of April 1, 2000 through June 30, 2002.
**Calendaring request memo, Exhibit A (Statement of Work).*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR PRESENTATION ONLY: PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MARCH 2000**
**List of Awardees.*

6) **FOR DISCUSSION: PRESENTATION OF STATUS OF THE DEPARTMENT OF PUBLIC HEALTH FACILITIES**
**Report.*

7) **FOR DISCUSSION: PRESENTATION OF OF THE DEPARTMENT OF PUBLIC HEALTH HOUSING SERVICES UNIT**
**Report.*

8) **FOR DISCUSSION AND PROPOSED ACTION: "CONSIDERATION OF A RESOLUTION APPROPRIATING PROPOSITION A FUNDS FOR TOBACCO PREVENTION AND CONTROL ACTIVITIES IN 2000-01 FISCAL YEAR"**

9) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests

for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 21, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 7, 2000

Action Taken: The Commission unanimously adopted the minutes of the meeting of March 7, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **PHP-CMHS –** Request for retroactive approval to accept and expend federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds received by, and passed through, Asian American Recovery Services, Inc. (AARS), a community-based agency currently providing substance abuse and mental health services to San Francisco's Asian community, for Comprehensive Asian Preschool Services.

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Commissioner Parker asked about outreach to the African American community.

The Department will provide a report on statistics and trends for testing and counseling. The Department can also provide an overview of the HIV Prevention Program.

(3.4) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with Haight Ashbury Free Clinic Inc. (HAFC), in the amount of $81,689 per year for a total of $163,378, to provide HIV counseling, testing, risk reduction and partner notification services targeting behavioral risk populations in San Francisco, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with HAFC for services totaling $13,406,339 during FY 1998-99).

Commissioner Parker pointed out more efforts need to be made in the African American community. He would like to follow the trends from year to year.

(3.5) **PHP–HIV Prevention –** Request for approval of contract renewal with CompassPoint Nonprofit Services (formerly Support Center for Nonprofit Management), in the amount of $300,000, ($180,000 for the term of 1/1/2000-12/31/00, and $120,000 for the term of 1/1/01-12/31/01), to provide organizational development and capacity building services for HIV prevention community-based organizations, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with Support Center for services totaling $1,106,985 during FY 1998-99).

A follow-up status report will be calendared for May 2, 2000.

(3.6) **PHP–HIV Prevention –** Request for approval of a two-year contract renewal with Asian Pacific Islander Wellness Center (APIWC), in the amount of $471,653 per year for a total of $943,216, to provide HIV prevention services targeting various Asian and Pacific Islander behavioral risk groups, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with APIWC for services totaling $1,178,221 during FY 1998-99).

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A follow up status report will be calendared for May 16, 2000.

(3.9) **PHP-Special Projects (HIV Seroepidemiology)** – Request for approval to accept and expend new funding in the amount of $214,584 from John Snow, Inc., to support personnel for the HIV Postexposure Prophylaxis (PEP) Registry Project, for a period of April 1, 2000 to September 30, 2001; and a sole source contract with UCSF for research assistance in the amount of $188,405 for the same time period. (DPH contracted with UCSF for services totaling $6,442,691 during FY 1998-99).

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

ADMINISTRATION

Departmental Strategic Planning Update

The Department has made a lot of progress with strategic planning since the last Health Commission presentation. The Populations and Program Subcommittee developed priorities for populations the Department should serve in the future. The Subcommittee will finalize its recommendations today and these preliminary recommendations will be presented to the Health Commission at its next monthly update. The Finance Subcommittee met on March 10th to review infrastructure needs and options for financing infrastructure improvements. The meeting focused on the needs at San Francisco General Hospital, the Community Health Centers, and contractors within Population Health and Prevention. The Health Commission will receive a presentation on infrastructure needs.

Internal DPH town hall meetings have been scheduled to familiarize staff with the planning initiative and to obtain input on strategic direction. The meetings start this week and continue through April 7th.

DPH submitted a grant application to the San Francisco Foundation to fund community engagement for the strategic planning process. The grant will fund outreach efforts to ensure that demographically and geographically diverse community participants are involved in the Department's strategic planning.

Lastly, the Steering Committee co-chairs met with seven of the Department's Community Advisory Boards to solicit input and suggestions for strategic planning. Three more advisory board meetings are scheduled over the next several weeks, and additional board meetings are being set.

CMA Drug Treatment Reform Resolutions

Dr. Katz participated as an alternate delegate for the S.F. Medical Society on the California Medical Association's House of Delegates. The delegation passed five exciting, progressive drug treatment

reform resolutions. As you know, CMA is the largest State medical association in the country. Policy statements from CMA can be used in a number of different venues to effect changes, particularly to persuade governmental agencies and medical institutions to act in accordance with the statements. In summary the resolutions call for:

- Law enforcement and emergency medical services agencies adopt and publicize policies which encourage the appropriate medical rescue response to illicit drug overdose, and which minimize the fear of legal retribution for persons making 911 calls.

- Controlled trials of take-home Naloxone to further evaluate the acceptability of Naloxone to heroin users in preventing overdoses.

- Transplant centers to abrogate policies that automatically exclude patients maintained on methadone from liver transplant recipient waiting lists.

- County and City jails make appropriate treatment modalities, including methadone maintenance, available to opioid-dependent inmates.

- Governmental agencies to establish programs of office-based physician prescription or physician order of methadone maintenance.

Appointment to Local Board

Dr. Katz has asked Anne Kronenberg to act as his surrogate and coordinate the homeless programs provided throughout the Department. Anne has been very involved with the Single Room Occupancy Fire Disaster response, and sits as Dr. Katz representative on the citywide SRO Task Force. For the past year, she has worked closely with other City departments and community advocates on a number of issues related to homelessness. Both PH&P and CHN provide homeless services. Anne, who resides in neither division, will be able look at the services DPH provides with a global perspective. She will pull together a DPH homeless working group with the goal of more efficiently coordinating and delivering services to this vulnerable population. In addition, Dr. Katz has asked Anne to be DPH's representative on the Local Board, replacing Marian Pena, whose term expired in February. Dr. Katz thanked Marian for the dedication, hard work and deep commitment she brought to the Local Board for the years she served as the DPH representative.

POPULATION HEALTH AND PREVENTION

Violence in the Workplace Training

The Department completed the first phase of its "Preventing Violence in the Workplace Training Program". Over 500 supervisors and managers were trained in this phase during the last six months. Dr. Katz thanked trainers Doreen Dare, John Fazio, Jennifer Dahlstrom, Lucy Fisher, Susan Gearhart, Mabel Jung, Penney Mitchell, Jean Miranda, Kitty Mah, Erica Smentowski, Jeff Lintner, Alex Mackenzie and Linda Wang.

Phase Two of the Violence Prevention training will target line staff. The training will focus on DPH's policy prohibiting violence in the workplace, employee responsibility to report, and the role of the Management Response Teams in consulting on threats/incidents of violence.

Newcomer's Program

The Newcomers Health Program of Community Health Promotion and Prevention Branch was selected to conduct a roundtable presentation at the California Conference of Local Directors of Health Education Annual Conference on April 13-14. The presentation, entitled "Community Assessments of New Immigrant Populations: A Critical Factor in Program Planning and Community

Capacity Building" will focus on the importance of conducting assessments to develop links into a new community, to learn about community issues and to effectively interact with members. Based on experiences of the Newcomers Health Program, results of such assessments can lead to successful development, funding and implementation of community-based preventive health programs. For more information contact Patricia Erwin through e-mail or at 705-8552.

Injury Prevention

Through a grant from the CDC, the Community Health Promotion and Prevention Branch and the San Francisco Injury Center at UCSF, will sponsor two injury prevention events as part of the celebration of Public Health Week, April 3-9.

A half-day conference on "Injury Prevention: A Public Health Approach" will be held April 5th, from 8:30 a.m. to 12:30 p.m. at the Civic Center Conference Room, 455 Golden Gate. The morning conference is a brief introduction to the principles and practices of injury prevention, for advocates, community activists, agency managers, program staff, and public health professionals.

Carolyn Fowler, Ph.D., from Johns Hopkins Center for Injury Research and Policy, the Director of Injury Prevention Programs for Baltimore County, Maryland, will be the Keynote Speaker. Other speakers include Barbara Alberson, MPH, Chief of the State and Local Injury Control Section, and Roger Trent, Ph.D., Chief of the Injury Surveillance and Epidemiology Unit, California Department of Health Services, and Andrew McGuire, Executive Director of the Trauma Foundation.

The afternoon program of April 5th is "Skills for Community-Based Injury Prevention." This focuses on San Francisco specific issues and programs and will provide professionals and residents the opportunity to work on specific prevention approaches. These will include: Finding and Using Data, Creating Safe Communities, Community Capacity Building and Advocating for Change. Pre-registration is required for both morning and afternoon sessions. For a complete conference brochure and application, contact Tomas Marrero at 554-2740.

Please join the Community Health Education Section in celebrating Public Health Week at a drop-in Open House on April 7th, 1-4 p.m., 101 Grove Street, Room #118.

STD Prevention and Control

Effective, March 7th the Department began to use the Becton Dickenson Probe-Tek urine test to diagnose chlamydia at City Clinic. By May all STD screening sites in the City will be using this method of testing. The primary advantage to this test is that the DPH Lab can test one specimen for both gonorrhea and chlamydia at the same time for approximately one third less money. The Lab will also be able to process more tests with less risk of contamination than with the previous method.

World TB Day

Friday is World TB Day and San Francisco is, once again, the West Coast site for World TB Day activities. In observance of World TB Day, the Department's TB Control Program will be hosting a press conference in Chinatown on Friday at 10:00 a.m. After five years of steady decline in TB cases, San Francisco's 1999 figures show an increase of 13%.

The Department will be kicking off a long-term effort directed at reducing the reservoir of potential TB cases by concentrating on individuals with dormant TB infection. TB Control hopes to increase awareness and assure access to TB screening and treatment for any resident who has been in San Francisco less than five years and comes from a country with a high incidence of TB.

Dr. Chow will be representing the Health Commission. He will be joined by Dr. Masae Kawamura, Director of TB Control for this Department, Dr. Sarah Royce, Director of the State's TB Control

Branch, and Supervisors Mabel Teng, Leland Yee, and Michael Yaki. Dr. Alex Moy, medical director of Chinatown Public Health Center, will be speaking on behalf of the Department.

COMMUNITY HEALTH NETWORK

Maintain Licensing and Accreditation

The annual Title XV Survey of the SFGH Jail Health Acute Care Units, 7D, 7L, 7B and the Institutional Police holding cell took place January 31st. There were minimal findings/deficiencies noted during the survey, which were quickly corrected.

Training

There is a shortage of RNs throughout California, particularly in high-tech/specialty areas. In 1998, Perioperative Management recognized this as a major problem for SFGH and began meeting with representatives from other Bay Area hospitals. A training program was developed, which included sending selected nurses through the Consortium Education Network O.R. Nursing Training Program. Nurse training for the O.R. is extensive taking 6 months to complete all training objectives. By July, SFGH will have seven new skilled nurses in Perioperative Nursing.

Condolences to the Family of Sandy Porter and the Staff at Potrero Hill Health Center

Jessica (Sandy) Porter, HWII/Outreach Worker at Potrero Hill Health Center (PHHC) died unexpectedly March 18th, at the age of 45. Ms. Porter was among the original employees of PHHC when it opened in 1976. She lived across the street from the Health Center in a S.F. Housing Authority unit for the past 25 years, and was a trusted link to the Hill's high-risk target populations. She assisted in recruiting for and staffing the Community Advisory Board at PHHC – a continuously functioning CAB since 1976. Following the tragic shooting death of the Center's former Director, Dr. Bob Ross, in 1983, Sandy helped maintain the Center's primary care focus and continuity. Her tireless efforts at organizing community input and support through many budget crises over the years were well known. Ms. Porter is survived by her twelve-year -old son, Sterling. Memorial services place and date will be known later this week.

SFGH Medical Staff Credentials Report

	March 2000	2000 YTD
New Appointments	11	35
Reinstatements	4	4
Reappointments	3	85
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	14	20
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	1
Voluntary Relinquishment	0	0

Commissioner Chow encouraged the Department to publicize the TB treatment protocols

Commissioner Umekubo inquired about the timeline for implementation of the physician prescription orders for methadone maintenance. Dr. Katz foresees implementation in the next fiscal year.

President Guy requested the Commission to send condolences to the family of Sandy Porter.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR MARCH 2000

On behalf of the Commission, President Guy presented the March Employee Recognition Awards to the following employees:

Nominee	*Division*	Nominated by:
Donna Childers	Central Administration, MIS	Vicki Zulueta and Monique Zmuda
Mary Magocsy	Population Health and Prevention, EMS Section	John F. Brown
Louise Murphy, RRA	CHN, Health Information Services, SFGH	Health Information Services Staff
Bonnie Lee-Quon	CHN, Health Information Services, SFGH	Health Information Services Staff

Bobbie Herron accepted the award for Louise Murphy.

6) PRESENTATION OF STATUS OF THE DEPARTMENT OF PUBLIC HEALTH FACILITIES

At the request of the Commission, Dr. Katz provided information on the capital requirements for the Department. A copy of the full report is available in the Commission Office.

Dr. Katz reported the following:

The Department of Health has evaluated the capital needs for its clinical facilities for the next rthree to five years, and has prepared proposals for the consideration by the Health Commission, the Board of Supervisors and the Mayor. The following pages summarize the capital needs for the Department of Public Health's acute care hospital and clinics. This report excludes capital projects for Laguna Honda Hospital since it will be rebuilt over the next seven years. Also, we have identified capital needs for private non-profit agencies that deliver health services to the Department's patients and clients. We will work with the City's departments and bureaus to develop revenue streams thata can assist non-profit agencies in accessing funding to meet their capital needs.

Our initial assessment of facilities indicates that the Departments of Health requires capital investments for repair and renovation of our primary care clinics throughout the community. Renovations are required to provide additional examination rooms and other clinical space, to improve patient flow, and to expand dental service areas. In the area of acute care, the Deparatment of Health must comply with the SB 1953 Facilities Seismic Safety Act which requires San Francisco General Hospital to meet a higher standard of seismic performance. This requirement will result in seismic retrofit or replacement of San Francisco General Hospital. The Department also proposes to

build a new ambulatory care and research facility on the grounds of the San Francisco General Hospital Campus. This facility will relocate outpatient clinical services and medical research activities (for which the Department collects rental income) that are currently in the seismically compromised masonry buildings to this new facility. Finally, the Department proposes to complete seismic renovation of the masonry buildings at San Francisco General Hospital. These buildings, once renovated, could be used for administrative and other non-clinical uses, as well as for intermediate care, independent living or other supportive services.

The report contained four components:

1) A list of capital improvements required for SFGH, the hospital based clinics, and the community based clinics;
2) A summary of the implementation of SB 1953 for SFGH;
3) A summary of the proposed construction of the medical clinic and research facility; and
4) A summary of the need to complete seismic renovation of the masonry buildings at SFGH

As the Commission is aware, the Department's strategic planning process will define the level and scope of services that will be provided over the next several years. These recommendations will be presented to the Health Commission by year ending 2000. The recommendations from the strategic planning process may result in revisions to the capital plan presented in this report.

In addition, the Department is in the process of conducting a facility seismic assessment of San Francisco General Hospital. This includes a geotechnical evaluation, detailed structural review and analysis of the frame, and a survey of non-structural systems serving non-ambulatory patients. Results of this assessment will better define the components of the SB 1953 project for the next several years. The Department is also involved in a detailed ADA assessment of all of our facilities. As such, these projections of capital requirements for the Department of Health should be considered preliminary until the results of the strategic planning process and the seismic assessment studies have been completed.

Commissioners Comments:

- These estimated costs do not include inflation factors
- Complimented Department for report; need to rebuild these buildings
- Need to look at the U.C. partnership and its effect on the rebuilding of SFGH
- Need to know how many primary care clinics and what services will be provided in primary care
- Will look to the Strategic Plan of the Department for direction of primary care
- Need to consider recommendations from consultants regarding SFGH
- Discuss these issues at the JCC-SFGH and JCC-CHN before coming to full Commission
- Serious questions on 101 Grove seismic retrofit
- Cost factors need to be realistic
- Different timetables need to be considered

Nathan Nayman, Hospital Council, referred to his letter to the Board of Supervisors, reported that all hard costs for hospitals will be submitted to the State, discussed SB 1953 issues, and recommended the Commission to look at temporary waivers for antitrust laws.

Commissioner Hill left at 5:00 p.m.

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH HOUSING SERVICES UNIT**

Marc Trotz, Director of Housing Services, presented the activities of the Housing Services Unit, (Attachment A).

Commissioner Umekubo asked how much would it cost to house the homeless population? The Department estimates at $150,000 per unit for capital costs only, it would cost $1.5 billion to build housing for 10,000 homeless people.

Dr. Katz commended Mr. Trotz and his hard working staff for their work with the community. Dr. Katz sees health and housing being so connected and pointed out the Housing Services Unit substantially changing people's lives.

8) **CONSIDERATION OF A RESOLUTION APPROPRIATING PROPOSITION A FUNDS FOR TOBACCO PREVENTION AND CONTROL ACTIVITIES IN 2000-01 FISCAL YEAR**

(This item was considered after agenda items #5).

Ginger Smyly, Deputy Director for Health Promotion and Prevention, presented the proposed FY 2000-2001 plan and budget for tobacco prevention and control to be funded with $1 million annual allocation of tobacco settlement funds, earmarked by Proposition A. Ms. Smyly acknowledged this as a joint effort of the Department, the Tobacco Coalition, the School District, community representatives, Environmental Health, Police Department, and the City Attorney's Office.

A copy of the full report is available in the Commission Office.

Ms. Smyly reviewed the targeted populations, the guidelines for use of the funds, and recommendations for the use of funds. She pointed out in the proposed budget there will be less funds going to the City Attorney's Office and more to Environmental Health

Commissioner Umekubo suggested the education materials and information would be helpful to all healthcare providers. He recommended partnering with the S.F. Medical Society.

Commissioner Chow recommended going back to remind private practitioners about the available materials. He also suggested using many different newspapers, medical groups, and managed care programs.

Commissioner Hill complimented the Department for its work and collaboration with the School District.

Action Taken: The Commission adopted Resolution #3-2000, entitled "Appropriating Proposition A Funded for Tobacco Prevention and Control Activities in Fiscal Year 2000-01," (Attachment B).

Ms. Smyly acknowledged Alyonik Hrushow and her staff.

Dr. Katz stated the Department will move this approved resolution to the Board of Supervisors.

Public Speakers:

Karen Licavoli Farnkopf, American Lung Association of San Francisco/San Mateo, Co-Chair of the Tobacco Coalition, thanked the Commission for its support; commented this is a consensus document with input from the community.

Kirk Kleinschmidt, American Heart Association, commented that the enforcement provisions are very important; there is a way to go on the smoking ban in bars.

9) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco
Department of Public Health
Housing Services

101 Grove Street, Room 119
San Francisco, California 94102-4505
Phone: (415) 554-2679
Fax: (415) 554-2658

DATE: March 21, 2000

TO: Roma P. Guy, President and
Members of the Health Commission

THROUGH: Mitchell H. Katz, M.D.
Director of Health

THROUGH: Barbara Garcia
Director, Population Health and Prevention

FROM: Marc Trotz
Director, Housing Services

SUBJECT: Report on the Activities of the Housing Services Unit

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Introduction

The Housing Services Unit, a division of Population Health and Prevention, is responsible for maintaining and developing a wide range of community-based housing options for homeless, low-income, and disabled San Franciscans. As the Department strives to rely less on institutional care, Housing Services is increasingly acting as a link between our hospital-based delivery system and the development of community-based alternatives. Given the diversity of needs of our public health clients and San Francisco's severely constrained housing market, these community-based housing options have included emergency vouchers for SRO housing, development of respite care, transitional housing, and permanent supportive housing.

With the Housing resolution adopted by the Health Commission in April 1999, the Department's emerging harm reduction policies, the Commission adopted Prevention resolution, and the support from the Commission and DPH Management for housing during this current budget process, Housing Services is moving head with a strong sense of support and purpose.

The following sections of the report address the major areas of concentration of the Housing Services Unit including consolidation of housing functions within the Department, managing the current stock of housing, new initiatives, and challenges involved in increasing the supply of community-based housing.

Consolidation of Housing Functions

The Housing Services Unit was created to centralize and integrate the housing work that, over time, had been initiated by various units and divisions of the Department. The goal of this consolidation was twofold:

1) To ensure that housing programs were being maintained and developed by staff with experience in housing development issues, and;

2) To integrate the development of housing funding streams to facilitate the development of mixed population housing versus single population housing driven by categorical funding sources.

These goals have been largely realized. Housing contracts that were formerly administered by the AIDS Office and Tom Waddell Homeless Programs were transferred to the Housing Services Unit in 1998 and housing programs that have been administered by Community Mental Health Services are in the process of transferring, with the first group coming over to Housing Services in July 2000. Progress is also being made in developing housing that is not driven by the funding source (i.e. AIDS specific housing through the use of CARE dollars). This shift is in keeping with consumers desires to have more availability of generalized supportive housing that can accommodate a broad range of peoples needs and not separate out people based on their diagnosis. An example of this would be the Direct Access to Housing program discussed further below.

Current Stock of Housing Programs

The chart on the following page includes all of the housing programs administered by Housing Services. The programs have been categorized into four main types:

- Permanent Supportive Housing: Housing with on-site services with no time limit.
- Transitional Housing: Site-based programs that provide housing for 3-24 months.
- Subsidies: Funding that goes to a tenant to rent housing in the private market.
- Other: Miscellaneous housing related programs.

AGENCY	PROGRAM	TARGET POPULATION	# OF BEDS / UNITS/SLOTS	UDC	TOTAL
PERMANENT					
Baker Places, Inc.	Residential Program	Multi Diagnosed, HIV/AIDS, Substance Abuse, & Mental Health	15	15	$ 84,084
Baker Places, Inc.	Supportive Housing	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	29	33	$ 322,609
Baker Places, Inc.	Integrated Services Network	Homeless & Multi Diagnosed	272	272	$ 608,902
Black Coalition on AIDS	Rafiki Housing Program	HIV/AIDS & Substance Abuse	11	30	$ 68,452
Catholic Charities	Derek Silva Community	HIV/AIDS	64	64	$ 761,715
Catholic Charities	Peter Claver Community	Homeless & HIV/AIDS	32	46	$ 402,143
Catholic Charities	Rita da Cascia	Families with HIV	31	31	$ 47,243
Episcopal Community Services	Rose Hotel	Homeless	75	96	$ 84,624
Episcopal Community Services	Canon-Kip Community House	Homeless w/Multi Diagnosis	103	124	$ 30,000
Episcopal Community Services	Pacific Bay Inn	Homeless	75	75	$ 1,549,608
John Stewart Company	Windsor Hotel	Homeless	94	94	$ 864,994
Larkin Street Youth Center	Attendant Care Services for Youth with HIV	Youth w/ HIV/AIDS	12	15	$ 18,681
Lutheran Social Services	Hazel Betsey	Women w/Children, HIV/AIDS, & Other Diagnosis	9	11	$ 115,488
Walden House, Inc.	Planetree Housing Program	HIV/AIDS & Substance Abuse	14	17	$ 75,757
		Total Permanent	836	923	$ 5,034,300
TRANSITIONAL					
Ark of Refuge, Inc.	Restoration House	Women with HIV/AIDS & Substance Abuse	6	15	$ 282,480
Baker Places, Inc.	Supportive Living Program	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	38	50	$ 1,219,037
Baker Places, Inc.	Ferguson Place (Tx)	Multi Diagnosed, HIV/AIDS, Substance Abuse,& Mental Health	12	46	
Black Coalition on AIDS	Brandy Moore - Rafiki House	HIV/AIDS & Substance Abuse	11	30	$ 305,460
Network Ministries Housing Corporation	Safe House	Women over 18 yrs. old leaving prostitution	10	15	$ 45,317
Women's Alcoholism Center	DePaul House	Homeless Women & their children survivors of domestic violence	6	9	$ 36,935
		Total Transitional	83	165	$ 1,889,229
SUBSIDIES					
Catholic Charities	Asstd Hsng Prog (PRS)	HIV/AIDS	181	181	$ 560,636
Larkin Street Youth Center	Comprehensive Housing For Youth	Youth w/ HIV/AIDS	41	41	$ 618,489
Lutheran Social Services	Rent Subs & Supp. Svcs	HIV/AIDS	13	15	$ 119,998
SF AIDS Foundation	Partial Rent Subsidies	HIV/AIDS	41	41	$ 200,000
SF AIDS Foundation	Standard Housing Services	HIV/AIDS	507	507	$ 2,457,543
SF AIDS Foundation	Integrated Services	HIV/AIDS	200	200	$ 448,907
		Total Subsidies	983	985	$ 4,405,573
OTHER					
Caduceus Outreach Services	(COR)	Homeless & Mental Health	35	44	$ 95,480
Mission SRO Collaborative	MHDC	Mission SRO Tenants	180	200	$ 245,000
SF AIDS Foundation	Housing Waitlist	HIV/AIDS	N/A	N/A	$ 231,604
		Total Other	215	244	$ 572,084

New Initiatives and Projects Under Development

- Direct Access to Housing: This project was initiated by Housing Services to provide supportive housing for chronically homeless people who have been revolving through the streets and emergency care settings such as shelters, emergency rooms, jails, and other institutions. People gain access to the housing through specified points including SFGH, LHH, Tom Waddell Health Center, and street outreach teams. The project, to date, has master leased the following two hotels:
  - Pacific Bay Inn, 520 Jones Street, 76 Units, Opened 12/98
  - Windsor Hotel, 238 Eddy Street, 94 Units, Opened 4/99

  Program participants pay 50% of their income toward rent and have access to a range of on-site services including case management, mental health and substance abuse services, life skills development, and medical treatment (Windsor only).

  At the Windsor Hotel, the Department, with staffing through the Tom Waddell Health Center, is reserving one floor (16 beds) for shorter term stays (2-8 weeks). These beds will be primarily accessed by SFGH and provide discharge options for psychiatric and medical patients who no longer require hospitalization but need a supportive environment for continued stabilization.

  Residents at both hotels have been very stable, including people with histories of repeated hospitalization and shelter use. For example, there are 5 tenants at the Windsor who were placed through the Emergency Department Case Management program, in October of 1999. ED Case Management works with people who have had at least five hospitalizations per year. Since October, there have only been 2 hospitalizations of these 5 tenants, both appropriate. In another instance, a case manager from the Mission ACT (Single Point of Responsibility or SPR) reported that she placed a client in the Windsor last September and prior to this the client had not remained in the same place for more than two weeks in the last two years.

- Winter Shelter for LGBTQQ Youth: With much support from the Commission, this project opened March 6th and has been operating without incident. The project is located at the MCC Church in Noe Valley and services are provided by the Ark of Refuge. The shelter provides overnight stays to 10 lesbian, gay, bisexual, transgender, queer and questioning young adults each night. Services include group meetings, dinner, breakfast, showers, and linkage to support services. The program will be in operation for a total of 12 weeks.

- Transitional Housing for LGBTQQ Youth: While the above listed project is only for winter, Housing Services released a solicitation for an on-going transitional housing program to meet the needs of homeless LGBTQQ youth ages 18-23. The site for the project will be 2500 Market Street (at Castro) for the first two years of program operation after which time a new site will need to be identified. Proposals are due on March 28th, 2000 with program start-up scheduled for June 2000.

- Le Nain Hotel: This hotel will be the 3rd project of the Direct Access to Housing Program. The hotel is located at 720 Eddy Street (off Van Ness) and has 92 units, 40 of which are vacant. The hotel will target homeless seniors who have been living in shelters, residents of LHH capable of living in a supportive housing environment, and seniors involved with Adult Protective Services. The estimated start-up of this project is June 2000.

- Short-term Stabilization Program for Department of Psychiatry: Similar to the 16 beds described above at the Windsor, Housing Services has teamed up with the Department of Psychiatry to establish additional beds (approx. 30 beds) to provide stabilization services following a discharge from SFGH. The goal of the project is to minimize discharges to the street, avoid excessive decertified day, and reduce diversion to private hospitals. Projected start-up for this project is January 2001.

- Redesign of the "Hotline" Hotel Program: Over the past many years, the Department of Human Services has administered a hotel voucher program primarily utilized by SFGH medical discharge planners. DHS wishes to transfer administration of this program to DPH because all the vouchers go to DPH patients and we are in a better position to triage patients. DHS will work order the funds over to DPH and we will have the opportunity to improve the program to better meet our patients needs. Housing Services is in the process of working out that transition and will be meeting with SFGH to develop a medical respite program that better meets the needs of the hospital and its clients.

- Redesign of AIDS Emergency Housing Program: Similar to hotline hotel program described above, AIDS service providers have utilized CARE and other funding sources to provide emergency housing in SRO hotels. Housing Services has convened a working group to explore feasible alternatives to the current program design. The concern with the current arrangement is that very few people utilizing 7-28 day vouchers gain longer-term stability, the program does not promote permanent residency, and the hotels willing to participate in the program are often in relatively poor shape.

Challenges for Housing Services

- Siting/Community Opposition: As recent experience demonstrates, it is increasing difficult to site supportive housing projects. While there is a growing need for more community-based residential programs, neighborhoods are increasing saying that either they already have more than their fair share or that

they simple do not want "programs" in their neighborhood. Although there is no easy solution to this issue, the end result is that many projects experience significant time delays and additional costs associated with resolving community concerns.

- Funding for On-going Operation: Funding the on-going service and operating costs of community-based projects is a significant challenge. While mainstream funding sources such as MediCal and MediCare cover much of the cost of institutional care, these sources generally will not cover costs associated with community-based housing, even when the cost would be a small fraction of the reimbursement for institutional care. Currently, the Department funds services and operating costs through a patchwork of grants and general funds. In order to make significant progress toward less reliance on institutionalization, the City must work on strategies to develop service and operating funding for community-based housing. Historically, the State of California has been way behind other states in funding supportive housing. Currently, there are several initiatives under way that show some promise with regard to this issue. The City, through our lobbyist and other contacts should push hard for substantial and on-going funding sources for supportive housing.

- Housing Market: While San Francisco has been a high cost housing market for sometime, the current market conditions are overwhelming and the single largest barrier inhibiting the development of supportive housing. For many years, it was possible for persons on General Assistance to obtain housing, albeit paying a large percentage of their income toward rent and living in poor quality housing. Currently, the least expensive SRO rooms are renting for over $400/month, more than 100% of a General Assistance check. Similarly, for providers interested in developing a program, competing for purchase of available properties has become next to impossible.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 3-2000

APPROPRIATING PROPOSITION A FUNDS FOR TOBACCO PREVENTION AND CONTROL ACTIVITIES IN FISCAL YEAR 2000-01

WHEREAS, the City and County of SanFrancisco expects to receive an estimated $585 million in Tobacco Settlement funds over the next 25 years and received the first two payments on the settlement agreement totaling $13.8 million in February 2000; and,

WHEREAS, Proposition A, approved by San Francisco voters in November 1999, provides that $1 million of the Tobacco Settlement funds would be dedicated to tobacco education, prevention and control efforts during the life of the Laguna Honda Hospital and Rehabilitation Center Replacement Bond Program; and,

WHEREAS, the San Francisco Board of Supervisors adopted Ordinance No. 583-99, urging that $1,000,000 per year of Tobacco Settlement funds be dedicated to tobacco education, prevention and control efforts; and Ordinance No. 38-00, which creates the Tobacco Education and Control Revenue Subaccount of the Tobacco Settlement Revenue Account, and deposits $1 million of the Tobacco Settlement into this Subaccount; and,

WHEREAS, tobacco education, prevention and control services are substantially more cost-effective than health care for tobacco-related disease and disability, and research has shown that consistent and adequate funding of comprehensive tobacco control programs are essential to counter the tobacco industry's targeting practices; and,

WHEREAS, communities of color are targets of heavy tobacco advertising that contributes to higher morbidity and mortality rates due to lung cancer, asthma and strokes; and,

WHEREAS, comprehensive public health strategies must be implemented to reduce tobacco use by addressing tobacco marketing, reducing availability and exposure to environmental tobacco smoke, ensuring development and enforcement of tobacco control policies and regulations, and providing cessation services; and,

WHEREAS, tobacco control strategies should be consistent with the Centers for Disease Control's best practices, and viewed flexibility, reviewed regularly and modified according to information gathered from evaluations to ensure the greatest impact; and,

WHEREAS, San Francisco has tobacco laws, but no stable funding to vigorously enforce such laws; and,

WHEREAS, the Department is currently responsible for administering San Francisco's Tobacco Free Project which is the lead agency for developing, implementing and evaluating the comprehensive tobacco control plan for San Francisco, and administering State Proposition 99 funding and one-time settlement funds from the Mangini lawsuit ($1.5 million); and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-2000 (Cont'd)

WHEREAS, the adult smoking prevalence rate in San Francisco decreased from 21.9% in 1990 to 17.7% in 1998, and 19% of San Francisco high school students were smoking compared to 36.4% on high school students nation-wide in 1997; and,

WHEREAS, Proposition 99 provides San Francisco with approximately $638,400 for fiscal year 1999-00, and has contributed to reducing smoking prevalence as evidenced by the state-wide reduction in tobacco sales tax revenue; and,

WHEREAS, Proposition A increases support for tobacco prevention and control activities beyond current funding to continue addressing smoking prevalence; and,

WHEREAS, Tobacco Settlement funds dedicated for tobacco prevention and control should be used to further tobacco control activities in the Department through the Tobacco Free Project in collaboration with the Tobacco Free Coalition; and,

WHEREAS, the Department supports a broad-based planning effort to ensure that tobacco control activities are responsive to the differing needs of the community and multi-year planning; now, therefore, be it,

RESOLVED, that the Health Commission recommends that funds in the Tobacco Education and Control Revenue Subaccount of the Tobacco Settlement Revenue Account be appropriated to the Department of Public Health to enhance tobacco prevention and control activities provided by the Tobacco Free Project; and, be it,

FURTHER RESOLVED, that the Health Commission recommends that the $1 million in additional funds for fiscal year 2000-01 be used to: (1) evaluate prevention strategies designed to curb tobacco use, (2) enforce Federal, State and local tobacco control policies, (3) expand the media campaign, (4) support community-based tobacco control activities, (5) provide cessation services, enhance tobacco prevention and education strategies within the San Francisco Unified School District, and (7) provide administrative support; and, be it,

FURTHER RESOLVED, that the Health Commission recommends that funding dedicated to tobacco prevention and control from the Tobacco Settlement be maintained in an interest bearing account; and, be it,

FURTHER RESOLVED, that the Health Commission recommends this to the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 21, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

April 4, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MARCH 21, 2000
*Minutes of March 21, 2000.

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) Update on Bayview Hunters Point Foundation.

(3.2) **PHP-CMHS** – Request for approval of retroactive modification with Community Vocational Enterprise, Inc. (CVE), in the amount of $152,177, to expand the existing vocational rehabilitation services targeting mental health adult and youth consumers, for the period of March 1, 2000 through June 30, 2001. The total four-year contract amount will be $3,756,216 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CVE for services totaling $862,225 during FY 1998-99).
*Calendaring request memo.

(3.3) **PHP-CMHS** – Request for approval of modification with Saint Vincent de Paul Society of San Francisco (SVdP), in the amount of $59,375, to expand existing programs at the Multi Service Center South, a mental health and substance abuse program for homeless men, for the period of May 1, 2000 through June 30, 2001. The total four-year contract amount will be $4,618,231 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SVdP for services totaling $284,928 during FY 1998-99).
*Calendaring request memo, Client Demographic Information form.

(3.4) **PHP-CMHS** – Request for approval of retroactive modification with San Francisco Study Center (SFSC), in the amount of $154,000, to expand the existing Oasis programs targeting the homeless population, for the period of March 1, 2000 through June 30, 2001. The total four-year contract amount will be $2,194,305 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SFSC for services totaling $1,444,242 during FY 1998-99).
*Calendaring request memo.

(3.5) **PHP-CMHS** – Request for approval of retroactive modification with Swords to Plowshares (SP), in the amount of $192,599, to provide new outreach and linkage services targeting veterans in shelters and in the streets, for the period of April 1, 2000 through June 30, 2001. The total four-year contract amount will be $1,038,602 for the period of July 1, 1997 through June 30, 2001. (DPH contracted with SP for services totaling $304,677 during FY 1998-99).
*Calendaring request memo, Client Demographic Information form.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION: PRESENTATION ON THE OVERVIEW OF THE HEALTH STATUS IN SAN FRANCISCO**
*Report.

6) **DISCUSSION AND PROPOSED ACTION:**

4:30 TIME SPECIFIC: PRESENTATION OF WINNERS OF THE BILLBOARD DESIGN CONTEST FOR NATIONAL PUBLIC HEALTH WEEK, AND CONSIDERATION OF A RESOLUTION HONORING YOUNG PEOPLE AND THEIR VISION OF HEALTHY PEOPLE IN HEALTHY COMMUNITIES
*List of winners. *Resolution.

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 4, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 21, 2000

Action Taken: The Commission unanimously adopted the minutes of the meeting of March 21, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) Update on Bayview Hunters Point Foundation.

Barbara Garcia, Director of Population Health and Prevention, gave a positive overview on the comprehensive technical assistance and organizational development consultation with Bayview Hunters Point Foundation (BVHP). The Department's direction is to be responsive to large, complex organizations, which have multiple contracts with the Department. She assured the Commissioners that she is satisfied with the progress made to date and that BVHP Foundation will continue to improve their responsiveness and compliance to contractual agreements. Additionally, Ms. Garcia expressed given the many years BVHP Foundation has served high-risk communities in Bayview Hunters Point and the Tenderloin, this investment is crucial for the future of BVHP Foundation.

Karen Patterson Matthew, Executive Director of BVHP Foundation, reported that BVHP Foundation has used the role of the CompassPoint consultant to enhance the relationship with the Department, to address the program aspects of the monitoring reports, and to work with the BVHP Foundation Board of Directors.

Commissioner Hill complimented the Department and agency to make this partnership work in a positive direction. These services are important to the community.

Commissioner Hill expressed his expressed his concern on the many areas of responsibility assigned to the Executive Director. Ms. Matthew reported that some of the responsibilities will be delegated to other management staff.

Commissioner Parker pointed out that BVHP Foundation is not alone, and that there may be other contractors in need of technical assistance. He encouraged the Department to hold all contractors equally accountable. Ms. Garcia assured the Commission the Department agrees.

Commissioner Sanchez pointed out the importance of the partnership among nonprofits, the Department, and consultants in order to respond to change. He complimented all of the parties involved.

Commissioner Hill requested an update in August.

(3.2) **PHP-CMHS** – Request for approval of retroactive modification with Community Vocational Enterprise, Inc. (CVE), in the amount of $152,177, to expand the existing vocational rehabilitation services targeting mental health adult and youth consumers, for the period of March 1, 2000 through June 30, 2001. The total four-year contract amount will be $3,756,216 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with CVE for services totaling $862,225 during FY 1998-99).

The Department has requested the contractor to submit the demographics in two weeks to the Commission.

(3.3) **PHP-CMHS** – Request for approval of modification with Saint Vincent de Paul Society of San Francisco (SVdP), in the amount of $59,375, to expand existing programs at the Multi Service Center South, a mental health and substance abuse program for homeless men, for the period of May 1, 2000 through June 30, 2001. The total four-year contract amount will be $4,618,231 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with SVdP for services totaling $284,928 during FY 1998-99).

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Commissioner Parker pointed out the need for these services to veterans, who continually fall through the cracks.

Before the full Commission, Karen Patterson Matthew, Executive Director of BVHP Foundation, acknowledged the supportive relationship with the Department and indicated the relationship is mutual.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with the specific requests of the Budget Committee.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Contract Expansion to Four Providers

Today the Commission's Budget Committee reviewed contract amendments for four mental health providers. The modifications totaling approximately $600,000 over a 15 month period of time will allow the Department to begin implementing the Commission's policy directive to decrease decertified days in the hospital by increasing community based care alternatives in this current fiscal year. This contract expansion will increase vocational mental health services for 40 adults and 30 youths. In addition, mental health service capacity will increase by 700 to the City's most vulnerable populations: the homeless, veterans, dually diagnosed and mental health/substance abusers. Services include peer counseling support, acupuncture and outreach.

CMA Drug Treatment Reform Resolutions

At the last Commission meeting Dr. Katz reported that the California Medical Association's House of Delegates had passed five progressive drug reform resolutions. In addition to these, the delegation passed two other drug treatment reform resolutions. The first resolution supports the deregulation of syringe sales in California, and further supports the sale of syringes without prescription at licensed pharmacies. The second resolution supports the prompt treatment of patients with STDs and their partners by physicians and surgeons who diagnose or care for persons with chlamydia, gonorrhea or other STDs which may include field-delivered therapy.

POPULATION HEALTH AND PREVENTION

Nursing Excellence Awards

Congratulations to Twila Brown, RN, NP, MPH, on being a finalist in ***Nurse Week's Nursing Excellence Awards 2000*** competition in the management/administration category.

Free Zone Project

Shivaun Nestor, Assistant Health Educator at the Wedge Program, and Project Coordinator at the Free Zone, made a presentation at the National HIV/AIDS Update Conference, held in San Francisco the week of March 13th. The title of her paper was ***"Free Zone: A Community Building Model of HIV Prevention for Young Adolescent Gay, Bisexual, Transgender, and Questioning Males."*** The goal of the Free Zone Project was to reduce the risk for HIV infection among young gay, bisexual, transgender, and questioning (GBTQ) adolescent men of color by teens by building community, fostering communication, nurturing self-esteem and assisting participants in the development of a healthy self-identity as GBTQ men. Preliminary evaluations found that participation in Free Zone activities had a positive impact on participants' perceptions of personal risk for HIV, feelings of empowerment, and connection to community.

HIV Prevention Education Program

An abstract about the Wedge Program has been accepted for the Annual California Conference of Local Directors of Health Education, April 13-14. Christine Wong, Program Coordinator, will be giving an overview of the award winning HIV prevention education program that reaches over 6,500 adolescents each year in middle and high schools classrooms and out-of-school community based settings. The goal of the Wedge Program is to stop the spread of HIV infection among adolescents through promotion of positive attitudes toward HIV prevention and risk reduction and changes in behavior that directly affect the prevention of HIV. A special feature of the program is the opportunity to meet a person living with HIV/AIDS.

STD Awareness Month

April is STD Awareness Month. Activities include:

- STD screening in six public high schools;
- Advertising in the BAR, the Bay Guardian, El Mensajero and the New Bay View;
- Sending a letter to African American churches in the City;
- Sending a Dear Neighbor letter to all residents living in selected high risk zip codes in San Francisco;
- Participating in the KMEL "Hoop it Up" contest;
- Sponsoring an STD poster contest; and,
- Participating in the Erotica 2000 Trade Show.

Emergency Medical Services

Megan Corry, MA, EMT-P, Quality Manager of the Emergency Medical Services, was recently recognized by the UCLA Prehospital Care Research Forum at the EMS Today Conference for her outstanding oral presentation of the Prehospital Treatment of Status Epilepticus (PHTSE) Study. PHTSE was conducted in the San Francisco EMS System from 1994-1999, and is nationally recognized as a benchmark study of prehospital status epilepticus. The EMS Section is excited to have Megan as a recent staff addition and looks forward to her valuable contribution to the Department.

COMMUNITY HEALTH NETWORK

CHN Takes Drunk Driving Message to Students

Every 15 minutes someone who has been drinking and driving kills someone in a car accident. To help prevent these tragedies, staff from CHNs Emergency Room met with high school students from Sacred Heart Preparatory High School to educate them on the importance of not drinking and driving.

The program took place on March 22 - 23. On March 22nd, the Grim Reaper went to Sacred Heart High School and removed a student every 15 minutes from the classroom (students who died in drinking accidents). The students did not reappear until the assembly the next day. The SFPD also

simulated a car accident where one student died at the scene, one was critically injured and transported to our ED, and the driver was arrested for driving under the influence. The student DOA was brought in to our ED and pronounced dead by the Medical Examiner. The other student was treated as a real trauma and died in our ED. The parents of both students came in to the ED and we told them their children were killed. The parents were so visibly shaken, one had to go outside. Dr. Bretz was our attending physician for the program and did a fabulous job with the family, police, and paramedics. Beth Karlsrud, Michael Parkison and Mary Jo Webb were the nurses. Radiology even sent a technician over to take X-rays.

Homeless Outreach Wins National Honor

The homeless outreach team: Margarita Loinaz, Douglas Price-Hanson, Lynette Martinez, Basil Stamos, Christopher Stoehr, Mary Mays, Karen Nunez, and Tony Patchell are recipients of the National Health Service Corps Primary Care Team of the Year. I am sure the Commission joins me in congratulating this team for their excellent work.

SFGH Volunteer Recognition Luncheon

The Commission is cordially invited to attend the annual SFGH Volunteer Recognition Luncheon, Saturday, April 15th at noon, at Gabbianos Restaurant, One Ferry Plaza.

Take Your Daughter to Work Day

CHN and UCSF at SFGH are proud to sponsor the Fourth Annual Take Your Daughter to Work Day April 27th. This is a half-day program for children of SFHMC employees. This year the event will include Laguna Honda Hospital and the CHN Primary Care Centers.

On the issue of Take Your Daughter to Work Day, Commissioner Parker pointed out the inclusion of sons should be encouraged. Commissioner Chow promoted the idea of sons and children also having access to career opportunities. Commissioner Monfredini reminded the Commissioners of the history of how this program started, by Ms. Magazine, at a national level, thereby increasing the awareness of opportunities for girls and women. President Guy pointed out that sexism is the issue and this cannot be ignored. Commissioner Sanchez pointed out the recent sex discrimination cases at UCSF and Stanford and the continued need to be more inclusive.

5) PRESENTATION ON THE OVERVIEW OF THE HEALTH STATUS IN SAN FRANCISCO

Jessica Wolin, Director of Planning for Population Health and Prevention, reviewed the activities scheduled for National Public Health Week. The Department will be releasing the 2000 Overview of Health Status for San Francisco. This report will have a wide distribution to community representatives, DPH staff and partners. She acknowledged Carolyn Lieber and Randy Reiter for their expertise in developing this report. Additionally, for National Public Health Week, a poster contest, the idea of Commissioner Parker, was held. Ms. Wolin acknowledged Kathrine Forbes and Tisha Kenny for their work on the poster contest.

Randy Reiter presented the 2000 Overview of Health Status for San Francisco. A copy of the full report is available at the Commission Office. This report provides a look at data that illustrates for the population of San Francisco who we are, how we live and our health. Mr. Reiter reported that because social conditions and personal health behaviors have a significant effect on health, this report includes statistics on social issues such as poverty and unemployment, behaviors and health risks. The data on this report come from surveillance data, census/demographic data, program utilization or diagnosis data, vital records and surveys.

Commissioners' Comments:

- What is the homicide rate for females?
- Inquired about data on homelessness and housing
- The trend statistics are very helpful
- Disparity for African American health needs to be addressed
- Very good report
- High cost of living in San Francisco and large numbers of indigent and homeless
- High degree of diseases in African Americans and Latinos relate to poverty
- Simply providing services will not address the health problems – need to address poverty
- Questioned the statistic on deaths by alcohol
- Surprised at large numbers of individuals on social security in San Francisco
- Data in this report is important

Dr. Katz emphasized that the City can make a difference by its policies (i.e., living wage) in addressing poverty and determining poverty to be a disease.

The Commissioners thanked Mr. Reiter for an important report to be utilized for policy development.

6) **4:30 TIME SPECIFIC: PRESENTATION OF WINNERS OF THE BILLBOARD DESIGN CONTEST FOR NATIONAL PUBLIC HEALTH WEEK, AND CONSIDERATION OF A RESOLUTION HONORING YOUNG PEOPLE AND THEIR VISION OF HEALTHY PEOPLE IN HEALTHY COMMUNITIES**

Jessica Wolin, Director of Planning for Population Health and Prevention, described the procedures and process for the poster contest, including Commissioner Parker being part of the judging panel.

Commissioner Parker thanked his fellow colleagues on the Commission, Dr. Katz, Barbara Garcia and all staff who worked on this project to make this a reality. He gave special thanks to Ms. Garcia for implementing this project within this fiscal year. Commissioner Parker expressed his belief in all children for the future.

On behalf of the Commission, Commissioner Parker presented special certificates to the following:

Two Runners Up:

Megan Harty
Ms. Harty attends St. Stephens School and is 13 years old. She received a $100 gift certificate. Her artwork will be posted in BART stations

Monica Lui
Ms. Lui attends St. Thomas the Apostle School and is 13 years old. She received a $100 gift certificate. Her artwork will be displayed in BART stations.

Winning Artist:

Vanessa Puchendorf
Ms. Puchendorf attends St. Stephens School and is 13 years old. She received a $250 gift certificate. Her artwork will be displayed in bus shelters throughout the City of San Francisco.

Commissioner Parker introduced a resolution recognizing the contributions of these youth in creating a vision for a healthy San Francisco.

Action Taken: The Commission unanimously adopted Resolution #4-2000, "Honoring Young People and Their Vision of Healthy People in Healthy Communities for Public Health Week, April 3-9, 2000", (Attachment A).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-2000

HONORING YOUNG PEOPLE AND THEIR VISION OF HEALTHY PEOPLE IN HEALTHY COMMUNITIES FOR PUBLIC HEALTH WEEK, APRIL 3-9, 2000

WHEREAS, this year the State of California celebrates 130 years of public health activities; and,

WHEREAS, public health services and programs are a high priority for the residents of California and the City and County of San Francisco; and,

WHEREAS, public health programs strive to address the underlying causes of ill health, reduce disease and injury, and promote the health of all people; and,

WHEREAS, the San Francisco Department of Public Health promotes the vision of healthy people in healthy communities; and,

WHEREAS, youth make significant contributions to communities across San Francisco and play a key role in developing a vision of healthy people in healthy communities; now, therefore, be it

RESOLVED, that the Health Commission honors the young people who developed a vision of healthy people in healthy communities and submitted their artwork to the San Francisco Department of Public Health in celebration of Public Health Week, April 3-9, 2000; and, be it

FURTHER RESOLVED that this artwork be displayed citywide to encourage healthy behaviors and activities.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 4, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Roma P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
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8/00

HEALTH COMMISSION
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AGENDA

HEALTH COMMISSION MEETING

April 18, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE REGULAR MEETING OF APRIL 4, 2000**
**Minutes of April 4, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(3.1) **DPH-Administration –** Medical Cannabis ID Cards – Certification Fee.
**Calendaring Request Memo, Board of Supervisors Resolution, Informational Memo.*

(3.2) **CHN-SFGH –** Request for approval of a six month extension modification to the contract with Paralign Revenue Management, Inc., to enhance Medi-Cal and other third-party reimbursements through an Uncompensated Care Recovery Program at SFGH, for the period of April 1, 1998 through December 31, 2000. (DPH compensation for FY 1998-99 was $855,849).
**Calendaring Request Memo, Monitoring Report Summary.*

(3.3) **PHP-CMHS** – Request for approval of a sole source retroactive contract renewal with Alameda County Health Care Service Agency, in the amount of $979,967, to provide access to 24-hour skilled neurobehavioral nursing care and adolescent subacute mental health services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Alameda County for services totaling $825,180 during FY 1998-99).
**Calendaring Request Memo, Alameda County Behavioral Health Care Services Letter, SFDPH Community Mental Health Services Letter, Provider Declaration of Compliance Form*

(3.4) **PHP-HIV Prevention Services** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinic, (HAFC), in the amount of $105,649 per year, to provide HIV prevention outreach services targeting women for the two year period of January 1, 2000 through December 31, 2001, for a total of $211,298. (DPH contracted with HAFC for services totaling $13,406,339 during FY 1998-99).
**Calendaring Request Memo, Client Demographic Form, Monitoring Report Summary, Letters from HAFC, Monitoring Report Recommendations and Timelines.*

(3.5) **PHP-HIV Prevention Services** – Request for approval of a retroactive contract renewal with the Regents of the University of California, through UCSF/AIDS Health Project, in the amount of $178,089, to provide prevention provider training services, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Regents UCSF for services totaling $11,398,542 during FY 1998-99).
**Calendaring Request Memo, Monitoring Report Summary, Client Demographic Form.*

(3.6) **PHP-HIV Prevention Services** – Request for approval of a retroactive two-year contract renewal with Stop AIDS Project (SAP), in the amount of $510,258, to provide venue-based individual outreach services, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with SAP for services totaling $793,093 during FY 1998-99).
**Calendaring Request Memo, Monitoring Report Summary, Client Demographic Form.*

(3.7) **CHPP-Health Promotion–San Francisco Pedestrian Safety Program** – Request for approval to accept and expend a new grant in the amount of $449,929 from the California Office of Traffic Safety for a pilot study of pedestrian injuries and implementation of community driven environmental prevention strategies, for the period of June 1, 2000 through May 31, 2002.
**Calendaring Request Memo, Grant Application Information form, State of California Grant Agreement Form, Budget Forms.*

(3.8) **CHS-Children, Youth & Families Services** – Request for approval to accept and expend a six-month grant in the amount of $201,921 from the California Department of Health Services, to meet the health care needs of children in foster care by increasing public health nursing time, for the period of January 1, 2000 to June 30, 2000.
**Calendaring Request Memo, Grant Application Information Form, Letter from the State of California Health Services, Budget Forms.*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF APRIL
List of Awardees.

6) PROPOSED ACTION: CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION OF $12.7 MILLION FROM THE TOBACCO SETTLEMENT FUND FOR LAGUNA HONDA HOSPITAL
Supplemental Narrative.

7) FOR DISCUSSION: PRESENTATION OF THE 8-MONTH DEPARTMENT OF PUBLIC HEALTH BUDGET REPORT FOR FY 1999-00
Report.

8) FOR DISCUSSION: UPDATE ON THE HEALTHY FAMILIES PROGRAM
Report.

9) FOR DISCUSSION: UPDATE FROM THE LONG TERM CARE TASK FORCE (AB 1040)
Report.

10) FOR DISCUSSION: UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
Report.

11) OTHER BUSINESS/PUBLIC COMMENTS**

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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Vice President

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HEALTH COMMISSION
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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, April 18, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

On behalf of the Commission, President Guy presented a special Certificate of Appreciation to Paul O'Malley, who has worked for the Department for 27 years, first at the San Francisco City Clinic, and later in the HIV Research Section. He was honored for his years of commitment to better the lives of persons at risk of or living with HIV infection, both through his work and his personal support.

Mr. O'Malley thanked his colleagues for a tremendous life experience work in the Department, especially for the last 15 years with his staff.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 4, 2000

Action Taken: The Commission unanimously adopted the minutes of the meeting of April 4, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH-Administration –** Medical Cannabis ID Cards – Certification Fee.

(3.2) **CHN-SFGH –** Request for approval of a six month extension modification to the contract with Paralign Revenue Management, Inc., to enhance Medi-Cal and other third-party reimbursements through an Uncompensated Care Recovery Program at SFGH, for the period of April 1, 1998 through December 31, 2000. (DPH compensation for FY 1998-99 was $855,849).

(3.3) **PHP-CMHS –** Request for approval of a sole source retroactive contract renewal with Alameda County Health Care Service Agency, in the amount of $979,967, to provide access to 24-hour skilled neurobehavioral nursing care and adolescent subacute mental health services, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with Alameda County for services totaling $825,180 during FY 1998-99).

(3.4) **PHP-HIV Prevention Services –** Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinic, (HAFC), in the amount of $105,649 per year, to provide HIV prevention outreach services targeting women for the two year period of January 1, 2000 through December 31, 2000, for a total of $211,298. (DPH contracted with HAFC for services totaling $13,406,339 during FY 1998-99).

The Department is recommending a 1-year renewal with continued technical assistance.

Darryl Inaba, Pharm. D., Executive Director of HAFC, reported that progress is being made with the technical assistance on organizational development.

(3.5) **PHP-HIV Prevention Services –** Request for approval of a retroactive contract renewal with the Regents of the University of California, through UCSF/AIDS Health Project, in the amount of $178,089, to provide prevention provider training services, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Regents UCSF for services totaling $11,398,542 during FY 1998-99).

Commissioner Sanchez abstained due to conflict of interest.

(3.6) **PHP-HIV Prevention Services –** Request for approval of a retroactive two-year contract renewal with Stop AIDS Project (SAP), in the amount of $510,258, to provide venue-based individual outreach services, for the period of January 1, 2000 through December 31, 2001. (DPH contracted with SAP for services totaling $793,093 during FY 1998-99).

(3.7) **CHPP-Health Promotion–San Francisco Pedestrian Safety Program –** Request for approval to accept and expend a new grant in the amount of $449,929 from the California Office of Traffic Safety for a pilot study of pedestrian injuries and implementation of community driven environmental prevention strategies, for the period of June 1, 2000 through May 31, 2002.

Commissioner Sanchez stated that many community groups (i.e., seniors and children) may participate in this program.

Commissioner Parker recommended the involvement of motorists for education purposes (i.e., Department of Motor Vehicles).

Commissioner Hill also recommended to Include Muni drivers.

(3.8) **CHS-Children, Youth & Families Services** – Request for approval to accept and expend a six-month grant in the amount of $201,921 from the California Department of Health Services, to meet the health care needs of children in foster care by increasing public health nursing time, for the period of January 1, 2000 to June 30, 2000.

Commissioner Sanchez requested an update come back to the Budget Committee on this grant.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.5.

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

California's Revenue Projections

Exceptional revenue performance have led the State Legislative Analyst's Office (LAO) to predict that if upward trends continue at their current pace, State revenues will exceed the Governor's proposed budget by more than $4 billion, bringing the total estimated surplus to approximately $9 billion. The addition of 42,000 jobs per month since November 1999, a 10.7% increase in taxable sales in the fourth quarter of 1999, a sharp increase in new home construction, and unprecedented increases in the State employment withholding payments, all contribute to this increase in revenue. Further, estimated tax payments, which reflect current job and income trends, are more than double the increase anticipated by the Governor's budget. Increased sales tax revenues between December 1999 and March 2000 indicate strong consumer spending both in the 1999 Christmas shopping season and in the first months of 2000.

In late May, after April's tax receipts have been tabulated, the Governor will release updated revenue and expenditure estimates along with any changes to his budget proposals (the "May Revise"). It is likely that among the Governor's top priorities will be transportation and education, with one-time rather than ongoing projects being the preferred method of funding. While it is a little early for Legislative proposals for the expenditure of the State's surplus, it is likely that when the Legislature returns from its Spring break next week, budget discussions will be accelerated. Senator Burton has already requested that $300 million be earmarked for mental health programs.

Over the last two months, as the Legislature has held budget hearings on health-related issues, the Department has been actively advocating for the health needs of San Franciscans. The Department will continue to monitor the State budget and keep the Commission apprised of important developments.

Congratulations on 5-Year Technology Milestone

Last week marked the five-year anniversary that DPH went "live" on the Shared Medical Systems Remote Computing Option (RCO), thereby establishing the DPH Enterprise Network. Although

initially focused on implementing key information systems required for the transition to Managed Care, the infrastructure was quickly leveraged to support the full range of DPH data communication needs; including CCSF financials, integration of data from many discreet application systems and electronic mail on over 3,000 desktops. This has allowed DPH to be well poised today to fully embrace information technology, use of the Internet, and the sophisticated infrastructure needed to participate in the new world of e-commerce.

POPULATION HEALTH AND PREVENTION

PHP Administration

Barbara Garcia, Director of Population Health and Prevention, was invited to serve on the California Senate's Task Force on Homelessness. The Task Force will look at statewide responses to the issue of homelessness. Barbara's expertise and background will lend a valuable contribution to the Task Force.

Newcomer's Program

The Newcomers Health Program of the Community Health Promotion and Prevention Branch, in collaboration with Bay Area Community Resources, a local non-profit agency, was awarded a three-year $375,000 grant from the Tobacco Control Section of the California Department of Health Services. The program funded by this grant will focus its efforts primarily on the Russian-speaking refugee and immigrant community in the Richmond and Sunset districts of San Francisco. The project goal is to increase newcomer's awareness of the dangers of tobacco on the community. For more information please contact Patricia Erwin at 705-8552.

Helios Health Machines

Two Helios health machines were installed in the STD Clinic waiting room. While waiting for an appointment, clients can access a variety of health related information over the Internet. Clients wear earphones to assure confidentially and so they don't disturb others.

STD Screening

The STD program is now conducting weekly STD screening at the Folsom Gulch Bookstore; a site mentioned by several recently diagnosed early syphilis cases. This is the first time that the STD Program has successfully collaborated with a bookstore on this type of activity. To date, over 20 clients have received STD education and five have been tested.

Got Treponemes?

An eye catching STD postcard using the take off phrase "Got Treponemes" (the bacterial agent that causes syphilis) is being distributed at venues frequented by high-risk clients. A "rainbow colored" flyer was developed for use in venues popular with men who have sex with men as a way of getting them to think about being tested for STDs. Disease Control Investigators who are part of our Syphilis Rapid Response Team developed both of these materials.

State Review of Implementation of the San Francisco Mental Health Plan (SFMHP)

The latest State Department of Mental Health review of our Medi-Cal Specialty Mental Health Services Plan was conducted January 11-14, 2000. The review was very favorable. Only two deficiencies were found. One was minor and had to do with contract language that is easily corrected. The other concerned the 24-hour access line (a problem encountered by most counties). The Department has already moved to correct the problem.

COMMUNITY HEALTH NETWORK

HUD Award

Dr. Katz announced the recent award of $693,750 from the Department of Housing and Urban Development will be used to support the redevelopment of the Laguna Honda Assisted Living/Housing for Seniors.

Southeast Health Center Surprise

On April 13, at approximately 9:20 a.m., a young woman from the Bayview Hunters Point community walked into Southeast Health Center and announced that she was in labor. Ten minutes later, Dr. Chris Behrens, assisted by Drs. Shanti Martinez and Elsa Tsutaoka, delivered a six-pound, 12-oz. baby girl.

The mother and daughter were transported to SFGH by ambulance for follow-up care. This is the first time in Southeast Health Center's 25 years of operation that a baby was born in the facility. Dr. Katz and the Commission commended the quick and excellent response of the staff at Southeast Health Center, proving once again that the well-trained, committed DPH staff can and will respond to any public health need.

Medical Quality Incentive Plan

Dr. Katz announced that all CHN (City and County-employed) physicians who participated in the Joint City and County, and UAPD Medical Quality Incentive Plan (MQIP) during this past FY 1999-2000 received the maximum percentage points possible to receive the full 3% bonus incentive pay.

Physician colleagues in Mental Health, the Medical Examiner's Office and in dentistry also performed outstandingly, all achieving 3% bonus incentive pay.

CHN Physician performance ranged from 78.5% to 100% based on total number of awarded points versus total possible points. A performance score equal to or above 75% merited a 3% bonus.

The incentive pay is to be distributed in accordance with bonus distribution plan outlined in the MQIP.

SFGH Medical Staff Credentials Report

	March 2000	2000 YTD
New Appointments	13	59
Reinstatements	4	4
Reappointments	27	12
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	11	31
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	1	2
Voluntary Relinquishment	0	0

Public Speaker:

Bill Castellanos, Union of American Physicians and Dentists, commended the Department staff and management for their support for the 3% bonus incentive pay.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF APRIL

On behalf of the Commission, President Guy presented a team award to the Laguna Honda Hospital Team:

Team	Division	Nominated by
Robert Christmas, Associate Administrator	Laguna Honda Hospital	Tony Wagner, Executive Administrator, CHN
Arthur Greenberg, Deputy City Attorney	Laguna Honda Hospital	" "
Leslie Holpit, R.N. Associate Administrator	Laguna Honda Hospital	" "
Adrianne Tong, Deputy City Attorney	Laguna Honda Hospital	" "
Melissa Welch, M.D., Chief Medical Officer	Community Health Network	" "

Mr. Christmas acknowledged the CHN leadership of Tony Wagner, CHN Executive Administrator.

Note: President Guy, with consensus of the Commission, announced that agenda item #9 will follow agenda item #5. Commissioner Hill left at 3:45 p.m.

6) CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION OF $12.7 MILLION FROM THE TOBACCO SETTLEMENT FUND FOR LAGUNA HONDA HOSPITAL

Dr. Katz reported the Department is modifying its request from $12.7 million to $9,243,481 for architectural and engineering costs necessary to begin the Laguna Honda Hospital replacement project. The construction and program management teams would be in next year's budget process. The source o funds for this supplemental appropriation is from the first payments to the City and County of San Francisco from the State Attorney General from tobacco settlement funds.

Funds of $9,243,481 will be used for architectural and engineering work necessary to conduct environmental review processes, to complete planning and programming work, to secure preliminary permits and to complete architectural and engineering analyses.

Dr. Katz introduced Michael Lane, who was appointed by Mayor Brown as the Project Manager for the LHH Replacement Project. Mr. Lane reviewed the RFQ process for the Executive Architect, the Construction Management Proposal, the Environmental Impact Report, the hiring of the Project Manage and Administrative Assistant, and setting up his office space. He also reported the formation of a Policy Committee, which will be advisory to him. He introduced Marilyn Thompson, a Project Manager, and informed the Commission that, as requested, he would brief the Commission on the replacement project

Public Speakers:

Norma Satten, PECC, encouraged the Department to make more effort for home and community-based services and to plan for the assisted living project simultaneously with the LHH replacement, thanked Planning Director Tangerine Brigham for obtaining funds for the assisted living project.

Mitch Jesenich and Karen Sherr, PECC, ILRC, HAT, demonstrated the need to have the scales of justice balanced; need more affordable housing, support services and community-based services for the disabled; important to have balance between finances for institutional care and community-based services.

Action Taken: The Commissioners (Guy, Umekubo, Chow, Parker, and Sanchez) approved the supplemental of $9.2 million for the architecture and engineering team.

Dr. Katz agrees on the need to build more affordable housing and assisted living facilities in the community.

7) PRESENTATION OF THE 8-MONTH DEPARTMENT OF PUBLIC HEALTH BUDGET REPORT FOR FY 1999-00

Dr. Katz reported on the latest information as of April 17, that the Department will have a $10 million deficit instead of $14.2 million deficit. The Department was informed that an additional $4 million has come in from SB 90 funds. Therefore, the Department will be requesting a $10 million supplemental at the May 2nd Commission meeting. This $10 million is the loss from SB 855 Medi-Cal disproportionate share revenues.

Dr. Katz reviewed the 8-month expenditures and revenues for the Department. A copy of the full report is available for review at the Commission Office.

Commissioner Chow commended the Department for working diligently to stay within the budget. He feels the public needs to be informed and educated on the facts of the Department of Public Health budget.

Public Speaker:

Frederick Hobson, S.F. Health Plan Board member, referred to his letters to members of the Board of Supervisors advocating revenue proposals (i.e., modest local income tax, sales tax dedicated for health care, and a luxury tax) to address the loss of federal dollars for public health.

President Guy requested Commissioners to voice any concerns over the proposed $10 million supplemental request. Hearing none, this item will be calendared for the May 2nd Commission agenda.

8) UPDATE ON THE HEALTHY FAMILIES PROGRAM

Tangerine Brigham, Director of Policy and Planning, provided an update on the California Healthy Families Program, which has been in existence for 22 months and has over 262,400 children enrolled statewide. San Francisco's enrollment in Healthy Families is 7,313. A copy of the full report is available at the Commission Office.

In her update, Ms. Brigham covered background information program expansions and enhancements, legislation, specific data for San Francisco, and outreach and education efforts. Ms. Brigham acknowledged Rachelle Lee with the Planning section, who monitors the outreach contract with Family Services Agency.

The Commission thanked Ms. Brigham for the update.

9) UPDATE FROM THE LONG TERM CARE TASK FORCE (AB 1040)

Tony Wagner and Jennie Chin Hansen, Co-Chairs of the Task Force; Tangerine Brigham, Director of Policy and Planning; and Bill Haskell, Project Coordinator for the Long Term Care Integration Pilot Project, provided an update on the work of the Task Force. Areas covered were background information, the initial and subsequent planning activities, the operational and budget analysis, the Case Management Study, and policy implications. A copy of the full report is available in the Commission Office.

The original goal is to bring the Commission a comprehensive plan by October 17, 2000. However, realistically, the Task Force most likely would bring a progress report on October 17th; with the final recommendations coming at the beginning of 2001.

Mr. Wagner acknowledged the perseverance of the Task Force members and the consumer advocates in working towards a long term care plan.

Commission Comments and Concerns:

- Report is informative; encouraged continued dialogue.
- Encouraging to see attention on long term care.
- Important to look at how this will be adequately funded and avoid a deficit situation.
- What can the Commission expect realistically by October; time should be taken to have consensus.
- Encouraging to achieve a one-stop shopping for consumers
- Use of data in the recommendations for the Task Force is a good approach.
- Increasing expectations from the public.
- Monies should go to services and less on administration.
- Incorporate how the Laguna Honda Hospital project fits into the long term care integration project
- Tough questions need to be asked and addressed.
- Need to look at the actual feasibility of the different options.

President Guy would like to see at the October update the different options and clarification of the feasibility of these options.

Public Speakers:

Marie Jobling, PECC Executive Director, expressed strong support for the work of the Task Force; promoted community-based problem-solving including labor, community, providers, consumers, and the public to be involved in the process.

Norma Satten, PECC Board of Directors, expressed commitment to bring Task Force recommendations to the Commission; need for a more systematic way of serving consumers.

President Guy thanked all of the stakeholders involved in this planning for the future of long term care in the City and County of San Francisco.

Commissioner Chow left at 5:45 p.m.

10) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE

Tangerine Brigham, Director of Policy and Planning, presented the Departmental Strategic Planning Update, (Attachment A).

Commissioner Parker commended the Department for a good report. He commented that with all of the health needs and limited resources, can all of the stakeholders involved be comfortable with a strategic plan.

Dr. Katz expressed that he is pleased with the progress of the strategic planning given the fact that the Department has to take care of day-to-day issues while understanding that long term planning is important.

President Guy encouraged the Department to include in future recommendations the issues that were taken into consideration during the discussions among the stakeholders.

Commissioner Sanchez left at 6:15 p.m.

11) OTHER BUSINESS/PUBLIC COMMENTS

Public Speakers:

April Martin Chartrand, member of S.F. Mental Health Board, thanked Dr. Katz for his response to her letter and described her experiences as a patient at SFGH, Ward 6A, March 17-19, 2000; expressed concerns regarding health and safety and patient rights' violations; raised system issues for patient care and the physical and emotional impact on patients.

President Guy pointed out the importance of integrated care.

The meeting was adjourned at 6:40 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Mitch Katz, MD
Director of Health

TO: Roma Guy, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D. MHK (cor)
Director of Health

RE: Departmental Strategic Planning Update

DATE: April 10, 2000

This memorandum provides an update on the Department's strategic planning initiative. For this update, I will focus on the following recent strategic planning activities:

- preliminary recommendations of the Populations and Programs Subcommittee on which priority populations the Department should serve,
- recent community and staff meetings to obtain their input into the strategic planning,
- an analysis of the Department's revenues dedicated to fulfilling health mandates from the state and federal government, and
- an update of the strategic planning workplan showing recently completed activities.

PRELIMINARY RECOMMENDATIONS ON PRIORITY POPULATIONS THE DEPARTMENT SHOULD SERVE

A key question the Health Commission has charged the strategic planning initiative with answering is: what populations should the Department serve, given San Francisco's changing demographics and health needs, and potential limitations on the Department's resources. Accordingly, the Steering Committee asked the Populations and Programs Subcommittee to develop recommendations to answer the question. The Subcommittee will present preliminary recommendations to the Steering Committee on April 12, 2000. As a result, the Department will verbally provide the Health Commission with any modifications when this update is presented.

Regarding priority populations the Department should serve, the Subcommittee recommends the following:

- In recognition that socio-economic factors consistently emerge as a major health status determinants for the targeted populations, the Department should strengthen its advocacy role and continue to enhance its partnerships with other public and community agencies working on social issues such as poverty, housing and universal health care.
- Focus should be directed toward San Francisco individuals and neighborhoods that are most vulnerable, however, the Department should continue to make services available to all San Franciscans (both those with choice and no-choice), if they choose to use our services.

- Continue to make some Department population and prevention based services that impact the public's health (such as communicable disease control, emergency care and disaster preparedness) available to all San Franciscans regardless of economic or insurance status.
- Make eligibility requirements consistent and streamline the processes except where categorical funding requirements prohibit it.

Socio-economic factors emerged as a major health status determinant in the local health assessments reviewed by the Departments' Strategic Planning Population and Programs Subcommittee. The ability of San Franciscans to be healthy was consistently affected by poverty, racism, housing, homelessness, health care access, child abuse, crime, violence (including domestic), childcare access, substance and alcohol abuse, mental illness, adverse environmental conditions, and unsafe/unregulated work environments. It is within this framework that the Subcommittee presents its recommendations for priority populations and programs.

If San Francisco is to continue to be on the cutting edge in regards to providing quality health services it too must continue to expand its responsibility in improving/preventing the conditions that contribute to poor health. The Subcommittee recognizes that the Department may not be responsible for directly providing services in all these areas, however, the Subcommittee recommends that the Department should be involved in the social issues that impact the health of San Franciscans. The following describes the populations that the Subcommittee recommends the Department prioritize.

For both personal and population based health services focus should be directed toward San Francisco individuals and neighborhoods that are most vulnerable. Personal health care services include the full continuum of CHN personal health care services, as well as PHP personal health services (DPH and contracted out) such as mental health, substance abuse, housing, TB and HIV/AIDS services. Population health care includes prevention, health promotion, educational campaigns, communicable disease control, emergency medical services, environmental health, occupational safety, research, disease surveillance, epidemiology evaluation and Public Health Lab.

The Subcommittee recognizes the need to look at priority populations from several perspectives: economic status, health status, at risk status/ high-risk behaviors, ethnic composition, cultural/ linguistic-driven needs, age spectrum, and disease specific needs. Accordingly, the Subcommittee recommends that the Department should serve the following vulnerable populations (many of these populations are currently served by the Department):

- Poverty, low income
- Uninsured, indigent, under-insured, Medi-Cal, working uninsured
- Homeless

<u>Other Vulnerable Populations</u>

- Children (infants, toddlers, school-age, disabled, foster) and youth
- Frail elderly
- Families with Children

- Undocumented, Newcomers, Mono-lingual
- Incarcerated
- SFGH Patients (those who would be more appropriately served at a lower level of care)
- Substance Abusers
- Mentally Ill
- Multiply-diagnosed
- People with chronic disease, immune-suppressed, disabled
- Marginal ethnic groups
- Men Having Sex with Men (MSMs), Transgenders
- Workers in unsafe, unregulated environments (e.g. sex workers, sweat shops, artists)

In addition to examining the community by population, the Subcommittee also felt that it was important to examine San Francisco neighborhoods. The review of health status information indicates that the Department should serve the following vulnerable neighborhoods:

- Tenderloin
- South of Market
- Chinatown
- Mission
- Outer Mission
- Bayview Hunters Point
- Visitation Valley
- Parts of Haight, Potrero Hill, Richmond, Western Addition and parts of other neighborhoods that have vulnerable populations

It should be noted that there is some overlap between the identified vulnerable populations and vulnerable neighborhoods that the Department should focus on. A significant percentage of the City's low-income, immigrant, multiple-diagnosed and/or homeless reside in these communities. However, neighborhoods do not necessarily delineate the borders of vulnerable populations and as a result, they should be used as a guide.

Department health care resources should target first those who have no other choice, principally:

- Uninsured, indigent, and under-insured (Medi-Cal clients have limited access); and
- The priority neighborhoods and populations listed above.

The Subcommittee makes this recommendation in light of the fact that these populations have historically been underserved and have had limited access and routine personal health and public health services. These individuals do not have the ability to access services on a regular basis from private providers. In addition, the indigents are a responsibility of the county under California Welfare and Institutions Code Section 17000. More importantly, the target populations noted above are consistent with the Department fulfilling its mission and vision statement.

Department services should also be available to San Franciscans that elect to choose the Department. The reasons for this include:

- the Department provides special services that are not always covered by insurers (e.g. mental health, substance abuse) or are known as cutting edge (AIDS treatment).
- an organization is healthier and the quality of provider experience and expertise is stronger with a mix of clients;
- Revenue is generated from clients who are reimbursed to help subsidize services for indigent and uninsured clients, and programs with no funding;

The Subcommittee believes that it is also important to provide services to residents who choose the Department, even if they have other options for care. The Department recognizes that it provides a range of services which are either not provided by other providers in the City, not covered on health insurance policies insured and/or are particular services unique to the Department's centers of excellence. The Department is only provider of some services (for example it has the only Level I trauma center in the City and County of San Francisco). As a result, both insured and uninsured individuals must have access to these services. The Department also provides a range of mental health and substance abuse services which may not be covered or may be covered in a limited scope of benefits. Finally, the Department provides such services as AIDS treatment which is part of our centers of excellence.

Secondly, the Steering Committee believes that the quality of provider experience and expertise is stronger with a diverse client population to care for. This helps ensure that providers have sufficient expertise and will add to improving quality of care.

Finally, the Subcommittee is concerned that if the Department solely limits its personal health care services to the uninsured and indigent, that additional General Fund will be required to provide these services. While health care financing trends and managed care capitation has limited the ability to sufficiently cross subsidize for care provided to the indigent, it is important to ensure that there are paying patients who use Department services. The Subcommittee believes that a financial analysis is needed to determine whether revenue is generated from paying clients to support cross subsidization for indigent clients. The Populations and Programs Subcommittee will ask the Finance Subcommittee to undertake this analysis.

The Subcommittee also recommends that:

- The Department work with legislators to make State and Federal legislative changes to address the unnecessary eligibility disparities of categorical funding.
- Single sliding fee scales should be used department-wide. However, the eligibility process or fees should not be applied if it becomes a deterrent or barrier to achieving the public's health.
- Create a streamlined department-wide eligibility intake process with a consistent standard intake process at multiple access sites.
- A single standard of care should continue be practiced regardless of ability to pay.

The Subcommittee believes that the current array of categorical health programs is sometimes difficult for families and adults to understand. These programs have different eligibility criteria (often based on income). As a result, different members of the same family may be eligible for one program but other members of that family may be ineligible for the program. The

Subcommittee strongly believes that legislative changes should be made to simplify eligibility for categorical programs.

In addition, Subcommittee believes that the Department should establish a single sliding fee scale which can be used department-wide. The sliding scale would be for both personal health care services and public health care services. While the Subcommittee makes this recommendation, it strongly notes that if establishing a fee should become a deterrent to accessing public health services to combat communicable diseases (e.g., sexually transmitted diseases), then the fee schedule should be a waived in those cases.

The creation of a streamlined eligibility intake system is critical to ensuring that individuals can be eligibilized into the system at multiple sites, even if the site does not provide the specific service needed by the client. In order to accomplish this, the Department would have to develop a comprehensive management and information system that would have information throughout our public health sites regarding the eligibility requirements for all Departments services. If this is done, any client could go to any site to become eligible for services.

A single standard of care is necessary to ensuring that there is no tiered system of access to care or quality of care based on health insurance status or financial resources. A single standard of care should be available to the clients of each Department service regardless of which program funds their service or if it is unfunded.

Based on the population priorities outlined above, the Populations and Programs Subcommittee is beginning to develop recommendations on program and service priorities. These recommendations will be presented to the Steering Committee in June 2000. In addition, an ad hoc subcommittee has been created to develop recommendations to the Populations and Programs Subcommittee on the provision of primary care within the Department.

COMMUNITY AND STAFF TOWN HALL AND COMMUNITY ADVISORY BOARD MEETINGS

Since the February 10, 2000 update, the strategic planning initiative has completed the first round of community town hall meetings and held meetings with several Departmental advisory groups, neighborhood grups and community-based organizations.

In addition, four staff town hall meetings were held March 23 through April 4 and strategic planning was one of the agenda topics at Population Health and Prevention's brown bag lunch meetings held during Public Health Week (April 3 – April 7).

Staff town hall and brown bag lunch comments focused on:

- developing the Department's facilities, equipment and personnel infrastructure to maintain quality services,
- assuring that the Department maintains a patient payor mix (not just indigents) to support financial viability, quality of services and staff morale,

- continuing efforts to achieve integration of Population Health and Prevention and Community Health Network communication and services to the same populations,
- developing more efficient intake, eligibility determination and administrative processes to assure that clients can easily access the Department's full range of services,
- increasing fund-raising efforts and being more creative in identifying funding, and
- increasing staff and organizational efficiency to assure that we are getting the most for our dollars.

Additional staff town halls are being planned, as well as, a town hall meeting for the Department's contractors is planned for mid-May 2000.

A second round of community town hall meetings will be held in May – June 2000 and a third round in September – October 2000 when the draft strategic plan is available. As noted in a previous report, at least one community town hall meeting will be held in each supervisorial district during this process.

Town hall meeting minutes summarizing public and staff comments are posted on the Department's website (www.dph.sf.ca.us/stratplan). Comments from each meeting are categorized by topic. A complete listing of community and staff town hall meetings with the number of attendees is Attachment A.

THE DEPARTMENT'S REVENUES AND EXPENDITURES FOR HEALTH MANDATES

In the Department's February 10, 2000 update information on health mandates was provided to the Health Commission. At that time, the Department indicated that an analysis of the Department's revenues and expenditures dedicated to fulfilling these mandates. That analysis is Attachment B.

The number of health mandates to counties is limited and within those mandates a county has a variety of options for compliance (e.g., assign to health department, assign to another department, fulfill through a regional consortium, etc.). A county is required to do the following:

- appoint a county health officer,
- ensure subsistence medical care to medically indigent persons,
- ensure mental health services,
- ensure services to disabled children (specifically California Children's Services and Child Health Disability Prevention), and
- ensure sanitation and environmental health services.

As the attached analysis notes, the Department's 1999-00 estimated revenues and General Fund on the above-indicated mandates is 17% of the Department's total budget or 62% of the General Fund allocation). Please note that the estimates include revenues and General Fund expeditures for all services in the mandated categories. For example, in the areas of indigent care and mental health, the figures provide all funding absent Medi-Cal. The Department is unable to separate

mandated from non-mandated services within a service category principally because the State has not defined a specified service level to meet mandate requirements in all instances.

WORKPLAN UPDATE

The updated workplan is Attachment C. Since my February 10, 2000 update, Populations and Programs Subcommittee items related to prioritizing populations the Department should serve (E.2, E.3, E.4, E.6) and Finance Subcommittee recommendations on funding infrastructure (F. 4) have been completed. The approved workplan is approximately 50% complete.

I want to thank the Steering Committee, subcommittees and staff for their hard work to bring the process to this point.

DEPARTMENTAL STRATEGIC PLANNING

- **COMMUNITY TOWN HALL MEETINGS**
- **COMMUNITY ADVISORY BOARD MEETINGS**
- **STAFF TOWN HALL MEETINGS**

Community Town Hall Meetings

Location	No.of attendees
Bayview Hunters Point (Southeast Community College)	41
The Mission District (Horace Mann Middle School)	23
The Western Addition (Western Bay Conference Center)	47
Potrero Hill (Potrero Hill Neighborhood House)	27
Chinatown (Beacon Center)	115

Community Advisory Board Meetings

Group	No. of attendees
DPH Children, Youth and Families Steering Committee	23
Mental Health Board (2 meetings)	45
BVHP Health and Environmental Assessment Project Board	39
Treatment on Demand Planning Council	27
Maternal Child and Adolescent Health Advisory Board	7

PLANNED:

Tom Waddell Clinic Community Advisory Board (scheduled – April 20, 2000)
Ryan White CARE Council (scheduled – May 2000)
HIV Prevention Council (being scheduled)

OTHER COMMUNITY GROUPS

Group	No Of Attendees
Neighborhood Legal Assistance Foundation	32
NICOS	35
Whitney Young Child Development Center Board	12

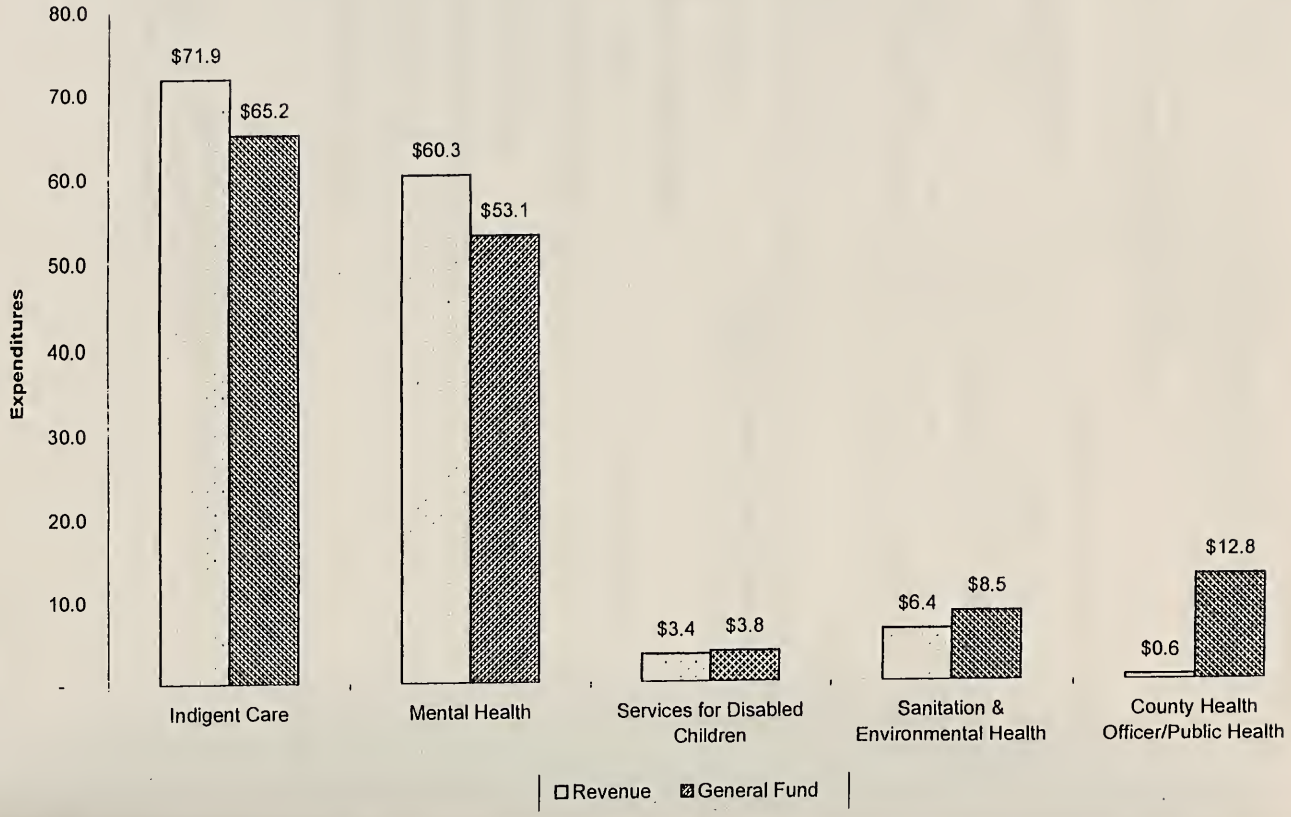
STAFF TOWN HALL MEETINGS

Location	No. of Attendees
Community Health Network Building (3 meetings)	140
101 Grove Street	24
PHP Lunch Meetings (5 meetings)	150

PLANNED;

Laguna Honda Hospital (scheduled – April 17, 2000)
Community Health Centers (being scheduled)
DPH Contractors (scheduled – May 12, 2000)

Department of Public Health
Health Mandates
FY 99-00 Estimated Cost
(In Millions)



Department of Public Health
Health Mandates
FY 99-00 Estimate of Cost

Program/Service	Revenue	General Fund Expenditures
Indigent Care	$ 71,916,019	$ 65,204,531
Mental Health	60,349,944	53,120,920
Services for Disabled Children	3,437,076	3,821,676
Sanitation & Environmental Health	6,378,117	8,478,240
Public Health Lab	134,000	1,305,069
AIDS Services	118,671	4,119,533
HIV Services	-	3,776,212
TB Program	184,479	1,423,933
STD Program	199,600	2,164,601
Total	$ 142,717,906	$ 143,414,715

Total DPH FY 99-00 Budget*	$ 836,721,879
Percent Health Mandates	17%

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

ATTACHMENT C
4/7/00

		MONTH AND YEAR																		
		1999					*2000*													
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec		
SUB-PHASE	*TASK*																			*STATUS*
A. Identify Strategic Planning Initiative Develop Planning Structure and Time Line	A.1 Make presentation to Health Commission	■																		Made 8/3/99; approved by HC
	A.2 Develop overall planning Process and timeline		■																	Completed
	A.3 Finalize committee structure		■																	Completed
	A.4 Hold orientation meeting goals, process and timeline			■																Completed
B. Review Findings of External & Internal Assessment	B.1 Review and refine external assessment – trends in health field	■	■	■																Completed
	B.2 Conduct focus groups with staff (CA, CHN and PH&P)		■	■	■	■														CA: By 2/15/00 CHN:Completed PH&P: In Devel.
	B.3 Summarize community advisory council reports		■	■																Completed
	B.4 Review and summarize public health mandates			■	■															Draft completed under revision
C. Develop Communications Plan	C.1 Define populations to reach				■															Completed
	C.2 Develop strategic planing briefing packet and materials				■															Completed
	C.3 Develop Web Site		■	■																Compl. 10/13/99
	C.4 Develop external and internal components				■	■	■													Completed
	C.5 Develop schedule & content for community forums				■	■	■													Compl. schedule content In Prog.
	C.6 Develop evaluation component						■													Completed
	C.7 Steering Comm. approval of communications strategy						■													Approved 1/12/00

Updated 04/07/00

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

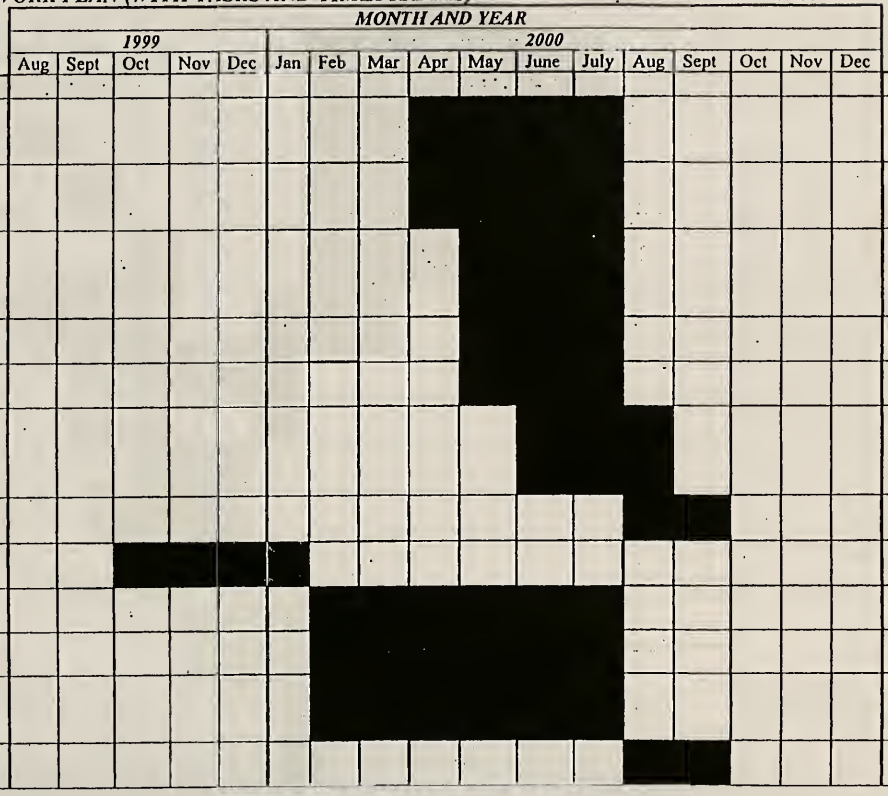
ATTACHMENT C
4/7/00

		MONTH AND YEAR																	
		1999					*2000*												
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
SUB-PHASE	*TASK*																		*STATUS*
D. Develop Proposed Strategic Approach to Financing Issues for 2000-01	D.1 Review key finance issues																		Completed
	D.2 Review federal, state and local health funding trends																		Completed
	D.3 Draft strategic approach for 2000-01 fiscal year																		Completed
	D.4 Presentation to Health Commission																		Completed 12/21/99
E. Populations and Programs	E.1 Review, modify and approve key strategic issues																		Completed
	E.2 Recommend prioritization of populations to be served																		Approved by Steer. Comm. 4/12/00
	E.3 Make recommendation on appropriateness of single eligibility criteria																		Approved by Steer Comm. 4/12/00
	E.4 Make recommendations on DPH focusing on those without provider choice																		Approved by Steer. Comm. 4/12/00
	E.5 Recommendation guideline to develop and prioritize services																		In progress
	E.6 Review what mandates DPH must provide, contracted out or regionalized																		Reviewed by Steer. Comm. 2/10/00
	E.7 Recommend priority programs and services for funding along with guidelines to make decision																		Complete review 4/18/00
	E.8 Recommend appropriate services level/configuration																		Complete review 4/18/00

Updated 04/07/00

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

ATTACHMENT C
4/7/00



SUB-PHASE	*TASK*	*MONTH AND YEAR*																	*STATUS*
		1999					*2000*												
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
E. Populations and Programs (continued)	E.9 Recommend how DPH can strengthen prevention programs																		Complete review 4/18/00
	E.10 Recommend integration of Physical, behavioral & social services																		Complete review 4/18/00
	E.11 Recommend methods to Address demographic trends and resulting health needs																		Complete review 4/18/00
	E.12 Recommend disease/health issues to focus on																		Complete review 4/18/00
	E.13 Recommend avenues to																		Complete review 4/18/00
	E.14 Recommend better method to utilize data & evaluation to guide program planning and priority setting																		Complete review 4/18/00
	E.15 Develop consensus report to Steering Committee																		Report to Steer. Comm. 6/20/00
F. Finance	F.1 Review, modify and approve key strategic issues																		Completed
	F.2 Recommend approach to funding reductions																		Complete 8/00
	F.3 Recommend approach to revenue enhancements																		Complete 8/00
	F.4 Make recommendations on funding infrastructure needs																		Presented to Health Comm. 3/21/00
	F.5 Develop consensus report to Steering Committee																		Report to Steer. Comm.

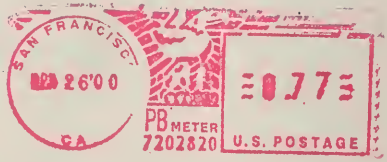
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

ATTACHMENT C
4/7/00

		MONTH AND YEAR																
		1999					*2000*											
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
SUB-PHASE	*TASK*																	*STATUS*
G. Obtain Public Input	G.1 Conduct community forums for public and staff						■	■			■	■			■	■		Jan-Feb 2000 meetings completed
	G.2 Summarize major issues and forward to committees						■	■			■	■			■			
	G.3 Develop mechanism to follow-up with participants					■	■											
H. Steering Committee Develops Recommendations for Director of Health	H.1 Review, modify and approve key strategic issues			■	■	■	■											Completed
	H.2 Review, modify and approve populations & programs recommendations						■	■	■	■	■	■	■	■				

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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APR 2 8 2000

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AGENDA

HEALTH COMMISSION MEETING

May 2, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE REGULAR MEETING OF APRIL 18, 2000**
**Minutes of April 18, 2000*

3) **PROPOSED ACTION:** (Commissioner Ron Hill) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(3.1) **PHP-Prevention Services**– Follow-up reports for the following contractors: Black Coalition on AIDS, UCSF Urban Health Study, CAL-PEP, and CompassPoint.
**Progress report memo, CompassPoint preliminary results report, CAL-PEP client satisfaction survey forms*

(3.2) **PHP-CMHS** – Request for approval of the FY 1999-00 Performance Contract between the State Department of Mental Health and the Department of Public Health, Community Mental Health Services.
**Calendaring request memo, Performance Contract.*

(3.3) **CHN-Laguna Honda Hospital** – Request for approval to accept and expend $693,750 in funds from the U.S. Department of Housing and Urban Development for the Laguna Honda Assisted Living/Housing for Seniors Project, for the five-year period of fiscal years 1999-00 to 2003-04.
**Calendaring request memo. Grant Application Information form. Proposed Budget.*

(3.4) **CHN-SFGH/LLH Nursing Operations** – Request for approval of a contract modification to extend, for three months, the contract with Nurse Providers, Inc., for the provision of supplemental temporary nursing personnel, the responsibility for which is shared among this contractor and two other contractors for a total of $2,025,000, for the period of July 1, 1999 through September 30, 2000. The shared contract amount will be increased by $100,000 for the original period of July 1, 1999 through June 30, 2000, and by $325,000 for the extension period of July 1, 2000 through September 30, 2000.
**Calendaring request memo. Monitoring Report Summary.*

(3.5) **CHN-SFGH**– Request for approval of new contract with Degenkolb-Structus, LLC, in the amount of $550,000, to provide an engineering assessment and compliance plan for San Francisco General Hospital in conformance with seismic safety regulations for hospitals (Senate Bill 1953), for the period of May 1, 2000 through January 31, 2003.
**Calendaring request memo.*

(3.6) **PHP-HIV Prevention Services** – Request for approval of a retroactive contract renewal with Aguilas Inc., in the amount of $46,014, to provide prevention workshops and meetings targeting Latino men, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Aguilas for services totaling $23,007 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, Client Demographic Information form, Response letter from Aguilas.*

(3.7) **PHP-HIV Prevention Services** – Request for approval of a two-year contract renewal with Glide Foundation in the amount of $53,008 per year, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 2000 through December 31, 2001 for a total of $106,016. (DPH contracted with Glide for services totaling $473,628 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, Client Demographic Information form.*

(3.8) **PHP-Housing Services** – Request for approval of a contract modification with Episcopal Community Services (ECS) in the amount of $35,000, for additional support services to the tenants of the Canon Kip Community House, which serves homeless and recently homeless very low-income residents, for a total contract value of $65,000, for the period of July 1, 1999 through June 30, 2000. (DPH contracted with ECS for a total of $1,172,999 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, Client Demographic Information form.*

(3.9) **PHP/CHN** – Request for approval of a continuing modification resolution to extend current Department of Public Health contracts on a month to month basis until December 31, 2000, or until the 2000-2001 renewal contract is certified, whichever comes first.
**Calendaring request memo. List of contracts covered.*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PROPOSED ACTION: CONSIDERATION OF A SUPPLEMENTAL FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $10 MILLION FOR FY 1999-00**
**Supplemental Narrative.*

6) **FOR DISCUSSION: PRESENTATION ON PRIMARY CARE**
**Report.*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Rachel Arnstine O'Hara, Clerk
City Hall, Room 362
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4683

Telephone: (415) 554-6171
Fax: (415) 554-6177
E-mail: Rachel_ArnstineO'Hara@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
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HEALTH COMMISSION
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MINUTES

HEALTH COMMISSION MEETING

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MAY 12 2000
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Tuesday, May 2, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:06 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

President Guy announced that Commissioner Umekubo has been selected for "Profiles in Excellence" by KGO-TV Channel 7; and Channel 7 will be video taping Commissioner Umekubo at the beginning of the meeting.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 18, 2000

Action Taken: The Commission unanimously adopted the minutes of the meeting of April 18, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **PHP-Prevention Services**– Follow-up reports for the following contractors: Black Coalition on AIDS, UCSF Urban Health Study, CAL-PEP, and CompassPoint.

Commissioner Hill expressed his appreciation for the positive updates on these contractors.

(3.2) **PHP-CMHS** – Request for approval of the FY 1999-00 Performance Contract between the State Department of Mental Health and the Department of Public Health, Community Mental Health Services.

(3.3) **CHN-Laguna Honda Hospital** – Request for approval to accept and expend $693,750 in funds from the U.S. Department of Housing and Urban Development for the Laguna Honda Assisted Living/Housing for Seniors Project, for the five-year period of fiscal years 1999-00 to 2003-04.

(3.4) **CHN-SFGH/LHH Nursing Operations** – Request for approval of a contract modification to extend, for three months, the contract with Nurse Providers, Inc., for the provision of supplemental temporary nursing personnel, the responsibility for which is shared among this contractor and two other contractors for a total of $2,025,000, for the period of July 1, 1999 through September 30, 2000. The shared contract amount will be increased by $100,000 for the original period of July 1, 1999 through June 30, 2000, and by $325,000 for the extension period of July 1, 2000 through September 30, 2000.

The wording on this item was modified to read as follows:

Request for approval of a contract modification to extend with Nurse Providers, Inc., to add $425,000 to the contract for the provision of supplemental temporary nursing personnel, the responsibility for which is shared among this contractor and two other contractors for a total of $2,025,000, for the period of July 1, 1999 through June 30, 2000.

The requested approval is for the same amount of funds as the original wording for this item, but it is for a shorter time period due to new estimates of usage of these services for the remainder of the fiscal year.

(3.5) **CHN-SFGH**– Request for approval of new contract with Degenkolb-Structus, LLC, in the amount of $550,000, to provide an engineering assessment and compliance plan for San Francisco General Hospital in conformance with seismic safety regulations for hospitals (Senate Bill 1953), for the period of May 1, 2000 through January 31, 2003.

(3.6) **PHP-HIV Prevention Services** – Request for approval of a retroactive contract renewal with Aguilas Inc., in the amount of $46,014, to provide prevention workshops and meetings targeting Latino men, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Aguilas for services totaling $23,007 during FY 1998-99).

Commissioner Hill requested an update in three months (August 15, 2000).

(3.7) **PHP-HIV Prevention Services** – Request for approval of a two-year contract renewal with Glide Foundation in the amount of $53,008 per year, for the provision of HIV counseling, testing, risk reduction and partner notification services, for the period of January 1, 2000 through December 31,

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(3.9) **PHP/CHN** – Request for approval of a continuing modification resolution to extend current Department of Public Health contracts on a month to month basis until December 31, 2000, or until the 2000-2001 renewal contract is certified, whichever comes first.

Commissioner Parker inquired about compliance to Commission Policy #24. An update on compliance to Policy #24 will be presented to the full Commission in June.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

2000 State of the City Public Health Address

Dr. Katz delivered the State of the City Public Health Address before the Board of Supervisors on May 1, 2000. All members of the Health Commission have been provided copies of the report. The Department has given this Address for the last four years to provide the public and our elected officials with information on the health status of the community. Dr. Katz's remarks focused on the funding challenges facing the Department, the need to offer more community-based alternative for the socially and medically complex populations we serve, and the need for continued funding for primary prevention, substance abuse and mental health services. Dr. Katz acknowledged the tremendous work done by Rachelle Lee of the Office of Policy and Planning in working on this report. Population Health and Prevention compiled the overview of the health status of San Francisco. The report will be available on the Department's web site at www.dph.sf.ca.us.

Supervisors raised questions on cultural competency, the pharmacy closure at San Francisco General Hospital, and the psychiatry beds at SFGH.

POPULATION HEALTH AND PREVENTION

Robert Wood Johnson Foundation Award

Dr. Katz informed the Commission that The Robert Wood Johnson Foundation has approved a grant of $887,667 to the Department to support a 48-month evaluation of the impact of a local purchasing alliance on health insurance status in San Francisco. Dr. Herminia Palacio will be in charge of directing this grant.

The grant is being made under the Foundation's program, "Changes in Health Care Financing and Organization."

Million Mom March

On Mother's Day, Sunday, May 14, 2000 the Department of Public Health will participate in the Million Mom March in Oakland. The Million Mom March is a mobilization for common sense gun laws.. The Community Health Education Section is coordinating DPH involvement in the March.

LBT Women's Health Forum

Approximately 300 providers, consumers and advocates, attended April 7th Lesbian, Bisexual Transgendered Women's Health Forum sponsored by Public Health, Kaiser Permanente, the University of California, Cal Pacific Medical Center, and others. The LBT Forum was designed to promote the Institute of Medicine Report on Lesbian Health and to educate providers about the needs of their LBT clients. Breakout panels focused upon making healthcare accessible, sensitive and sophisticated for LBT patients and to assist providers in becoming more aware and more comfortable discussing LBT health issues with their clients and patients. A draft "Standards of Care" was distributed for feedback and will be edited and presented to the Health Commission for consideration. Commissioners Guy and Monfredini attended the Forum.

Dr. Katz acknowledged the work of Kate Monico-Klein, Coordinator of Women's Services.

Community Health Education

Michael Radetsky, Health Educator in Community Health Education, was invited to serve as a panelist on "Pedestrian Safety for Everyone" at the California Office of Traffic Safety Summit in San Diego, April 24 - 27, 2000. He will discuss lessons learned working on pedestrian safety with seniors, and in the Mission and Tenderloin communities in San Francisco.

Commissioner Parker requested clarification on the closure of the outpatient pharmacy, the use of neighborhood pharmacies, and the impact on savings in the budget.

Commissioner Monfredini commented that the LBT Health Forum was extraordinary. However, she was disappointed that the mainstream press did not cover the forum.

Commissioner Umekubo reinforced the need to decrease the number of decertified beds at SFGH. He supports Dr. Katz's direction and urged the Commission to monitor this.

Commissioner Chow expressed h is commitment to the pharmacy proposal because there will be better care for our patients.

Commissioner Hill firmly supported the closure of the outpatient pharmacy and encouraged the Department to move on this so that patients will have better service.

President Guy expressed her support of the direction for psychiatry. She encouraged the Commission at the Joint Conference Committee to have detailed and open discussions on the implementation phases.

5) CONSIDERATION OF A SUPPLEMENTAL FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $10 MILLION FOR FY 1999-00

Monique Zmuda, Chief Financial Officer, presented her report, (Attachment A).

Action Taken: The Commission unanimously approved the $10 million supplemental for FY 199-00.

6) PRESENTATION ON PRIMARY CARE

Dr. Melissa Welch, Chief Medical Officer of the Community Health Network, presented a report on primary care, which included:

- Overview of Historical Perspective
- Primary Care Division, Community Health Network
  - Map of Clinics
- Encounter Data, Productivity and Access
- Selected Accomplishments and Challenges
- Next Steps: CHN Primary Care Internal Assessment

Dr. Welch also provided the following documents:

(a) Health Commission Resolution of Primary Care (#160-89)
(b) Fiscal Year 1999-2000 Monthly Encounter Totals
(c) Attending Physician Productivity
(d) Selected Primary Care Quality Improvement Activities
  - Immunization Shoebox Project
  - Primary Care Provider Assignment
(e) Attitudes and Practices on Complementary and Alternative Medicine: *A Survey of the CHNSF Medical Staff*
(f) CHN Primary Care Directory

The full report is available in the Commission Office.

Supplemental materials were also submitted, which included:

- Demographics of primary care clinic patients
- Trends in encounters by Medical Providers in 1999-2000
- Attending Physician Productivity

Dr. Welch acknowledged Jan Murphy, Primary Care Administrator; and Dr. David Ofman, Medical Director of Primary Care, who prepared the Primary Care Report.

Presently, the Department is conducting a CHN Primary Care Internal Assessment, (Attachment B). This assessment will be integrated into the overall Department Strategic Plan.

Commissioners' Comments:

- Excellent, informative, comprehensive report
- Encouraged collaboration with other groups
- Need to clarify the Department's relationship with the S.F. Community Clinic Consortium
- Need to look at demographics of groups served by the clinics
- Need data of the underserved

- Unclear on where we are going and how to get there; important but difficult issue
- Integrate mental health with primary care
- Important to address non-MD alternative therapies
- The number of clinics should be assessed
- Important to hear all voices and promote consensus building throughout the process
- Data needed on the percentage of total patients being served in the clinics

President Guy requested the primary care recommendations go to the Joint Conference Committee for CHN prior to coming to the full Commission.

President Guy thanked Dr. Welch and the Department for an excellent report on primary care.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 5:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

Date: May 2, 2000

Memo to: Honorable Roma Guy, President
And Members of the Health Commission

Through: Mitchell Katz, M.D.
Director of Health

From: Monique Zmuda
Chief Financial Officer

Re: **Supplemental Appropriation - $10 Million of General Funds to Replace SB855 Revenues**

The Department of Public Health is requesting approval of a supplemental appropriation of $10 million in additional General Funds in FY 99-00 to replace lost SB855 revenues at San Francisco General Hospital.

FY 99-00 Projected Revenues

The Department of Public Health is projecting a $12.8 million revenue shortfall in the current fiscal year. This revenue shortfall is offset by a $2.8 million expenditure savings. The net deficit for the current fiscal year is $10.0 million based on revised 8 month revenue and expenditure projections as follows:

Projected Revenue and Expenditures
Variance from Budget
(In Millions)

	Revenue Variance	Expenditure Variance	Total Variance
SFGH	$ (19.7)	$ 3.6	$ (16.1)
All Other	6.9	(0.8)	6.1
Total DPH	$ (12.8)	$ 2.8	$ (10.0)

San Francisco General Hospital Revenues

Revenue shortfalls for the Department of Public Health are primarily due to reduced revenues at San Francisco General Hospital. Revenues are projected to be $19.7 million less than budgeted primarily due to reduced Medi-Cal SB 855 revenues and other Medi-Cal revenues. Other Medi-Cal revenues have been declining over the past few years.

Projected revenue losses at San Francisco General Hospital will be offset by expenditure savings and additional revenues throughout the Department of Public Health.

SB855 Disproportionate Share Revenues

SB855 revenues from the Disproportionate Share (DSH) Program are projected to be $10 million less than budgeted. SB855 revenues from the DSH program are projected to be $29 million this fiscal year as compared to a budget of $39 million. Revenues from the DSH program have been fluctuating in the last few years. Last fiscal year San Francisco General Hospital received $44 million in DSH revenues, $15 million more than currently projected.

The current projection of $29 million from the SB855 DSH program is based on recent information obtained in April. DPH has not yet received written notification of SB885 revenues. If actual SB855 revenues are greater than the current estimate of $29 million, the General Fund request will be reduced accordingly.

Supplemental Appropriation Request

The Department of Public Health is requesting a $10 million supplemental appropriation in additional General Funds for San Francisco General Hospital. These additional General Funds will replace lost SB855 revenues of $10 million. If approved, this request will be forwarded to the Board of Supervisors for approval.

cc: Ken Jensen/Fanny Lee

Department of Public Health
FY 99-00 Revenue and Expense Projections
8th Month - Revised

	REVENUES			EXPENDITURES			SUBTOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$467,014,099	$447,291,315	$ (19,722,784)	$467,014,099	$463,397,725	$ 3,616,374	$ (16,106,410)
Laguna Honda	123,045,468	125,445,468	2,400,000	123,045,468	126,045,468	(3,000,000)	(600,000)
Primary Care	41,537,430	37,619,726	(3,917,704)	41,537,430	41,470,093	67,337	(3,850,367)
Health at Home	4,526,315	4,649,974	123,659	4,526,315	3,940,368	585,947	709,606
Forensics	21,891,324	21,891,776	452	21,891,324	22,878,626	(987,302)	(986,850)
Subtotal	658,014,636	636,898,259	(21,116,377)	658,014,636	657,732,280	282,356	(20,834,021)
Population Health & Prevention							
Central Admin	18,447,735	18,479,434	31,699	18,447,735	17,989,187	458,548	490,247
Community Health	56,599,193	56,216,757	(382,436)	56,599,193	55,989,494	609,699	227,263
Mental Health	140,118,482	148,549,443	8,430,961	140,118,482	139,419,769	698,713	9,129,674
Substance Abuse	54,473,864	54,737,323	263,459	54,473,864	53,691,243	782,621	1,046,080
Subtotal	269,639,274	277,982,957	8,343,683	269,639,274	267,089,693	2,549,581	10,893,264
Total DPH	927,653,910	914,881,216	(12,772,694)	927,653,910	924,821,973	2,831,937	(9,940,757)

1 CHN Primary Care Internal Assessment: Overview

Content

- Overview
- Summary of DRAFT Charges
- Scope of Considerations
- Sites included in the Analysis
- Approach recommended
- Necessary support/resources to consider
- Parameters
- Expected Deliverables

2 CHN Primary Care Internal Assessment: Overview

Structure, Reporting and Expected Outcomes

- Primary Care Assessment Task Force
- Chaired by:
  - Primary Care Administrator, Jan Murphy, MBA
  - Primary Care Medical Director, David Ofman, MD
- Report to:
  - Melissa Welch, MD, CHN CMO
- Expected Outcome:
  - Recommendations on the most efficient way(s) to deliver services among CHN Primary Care Clinics
  - Recommendations forwarded to CEO of CHN, CHN Leadership, CHN Committee and the DPH strategic planning Leadership.

3 CHN Primary Care Internal Assessment: Charge

- Evaluate and provide recommendations on the most efficient way to deliver community-based primary care services within the CHN primary care clinics (also consider the optimal relationship to Consortium Clinics)
- Describe at least 3 scenarios, and designate the pros and cons of each
- Describe what would be necessary to achieve each option
- Include clinical and cost efficiency in your review and revenue impact
- Consider 10 items in your effort:

4 CHN Primary Care Internal Assessment: Considerations

1. Delivery of comprehensive preventive and primary care services
2. Integration of mental health, primary care and substance abuse services.
3. Use of a model wherein existing staff (TBD) provide case management linkages between the clinic, the home, and the acute care, ED, and SNF contexts.
4. A clinic which is multi-service centered, providing clinical support services in social services, eligibility, laboratory, etc.
5. Accommodates urgent care and continuity appointments.

5 CHN Primary Care Internal Assessment Considerations continued:

6. The language and cultural preferences of the community (ies) being served.
7. Use of the electronic medical record as a central means of communication and documentation among providers.
8. Administrative and clinical oversight that is neither redundant, nor so sparse as to be ineffective.
9. Hours of service are responsive to community needs.
10. Optimal placement of clinic sites to address high risk populations, population volume, and location of privately owned facilities.

6 CHN Primary Care Clinics Internal Assessment: Sites of Analysis

- Focus only on those clinics within the CHN primary care sites:

- 5 hospital-based (not including Urgent Care)
  - Women's, Children's, Family, GMC, Positive Health
- 10 Community-based sites:
  - Maxine Hall, OPHC, SAFHC, PHHC, SEHC, CPHC, CMHC, TWHC, Balboa Teen, NOMSS
- (Exclude Jail clinics and SPY (YGC)) - INCARCERATED

- Rationale:
  - CHN oversees all staffing, operations, clinical and administrative leadership
  - Fully funded by DPH
  - Essentially these are the clinics under our direction

7 CHN Primary Care Internal Assessment: *Defining Consortium Clinics Linkages*

- Define the optimal relationship between the CHN and Consortium Clinics. Current status:
  - Varying levels of DPH funds support Consortium clinics
  - Consortium Clinics are not under CHN Primary Care Administrative leadership, or operational oversight
  - Consortium clinics productivity parameters are not defined, nor monitored by CHN
  - Minimal clinical data is shared with the CHN
  - No formal MOU with the CHN is currently in place
  - Consortium use SFGH specialty and emergency services
  - CHN's FQHC status is attained through Consortium's Healthcare for the Homeless Grant
  - Movement towards shared information services

8 CHN Primary Care Internal Assessment: Approach

- Consider and use existing data, including utilization trends, strategic planning documents, relevant grant inquiries, and past primary care analysis (from the CHN and the Department)
- Engage key staff and stakeholders in your discussions.
- Describe use of any consultant, and rationale for use
- Consider query of other national and local public health agencies, and how similar cities provide community-based care.

9 CHN Primary Care Internal Assessment: Resource Needs

- Define what staff support you need
- Define consultant need and costs
- Identify facilitator (recommended)
- Define any other resource needs

10 CHN Primary Care Internal Assessment: Targeted Parameters (Starting Point)

- Productivity standard
  - 2.5 visits per hour for MD,
  - 2.0 visits per hour for NP's
- Goal 2 exam rooms per provider
- Counseling rooms available
- MD, NP and clinical nursing staff with offices
- Provider panel sizes as defined in CHN Provider Work group effort
- Cost per unit of service to approximate FQHC rate = $158 dollars per visit
- Support staff : provider ratio:
  - 4.0 : 1 (Industry standard is 4 to 4.5 :1)

11 CHN Primary Care Internal Assessment: Deliverable

- On or before July 1, 2000 provide

1. At least 3 recommendations on the most efficient way to provide comprehensive primary care within the CHN (with pros and cons of each).
2. A summary of the process and discussions leading to the recommendations.
3. A description and summary of any cost savings that might be realized, OR any incremental costs.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

6/00

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

May 16, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE REGULAR MEETING OF MAY 2, 2000**
**Minutes of May 2, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Update on the California AIDS Intervention Center's Contract.

(3.2) **DPH-Central Administration** – Request for approval to accept and expend $887,667 in funds from the Robert Wood Johnson Foundation (RWJF), to support an evaluation of the impact of local insurance expansion programs on health insurance status in San Francisco, for the period of July 1, 2000 through June 30, 2004.
**Calendaring request memo, Grant application information form, Budget form, Project timeline overview, Letter from RWJF to Willie Brown*

(3.3) **PHP-CMHS** – Request for authorization to accept and expend $837,956 in funds from the U.S. Department of Rehabilitation, San Francisco District, to provide vocational services to mentally ill psychiatric clients, for the period of July 1, 2000 to June 30, 2001.
**Calendaring request memo, Grant application information form, Cooperative contract, Budget forms*

(3.4) **PHP-Community Health Epidemiology** – Request for approval to accept and expend a new five year grant from the National Institute on Drug Abuse, in the amount of $1,054,979, for the creation of mathematical models of HIV virulence evolution and antiretroviral-resistance development and spread.
**Calendaring request memo, Grant application information form, Grant award data, Budget forms*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR MAY**
**List of Awardees*

6) **FOR DISCUSSION: UPDATE ON THE BRIDGE COMMITTEE, WHICH WAS CREATED TO RESPOND TO THE IDENTIFIED NEEDS OF PATIENTS IN THE DEPARTMENT OF PUBLIC HEALTH NETWORK OF CARE, WHOSE MEDICAL AND PSYCHOSOCIAL NEEDS COULD BE BETTER MET IF A DIFFERENT ARRAY OF ALTERNATIVES TO INSTITUTIONALIZED SETTINGS WERE AVAILABLE**
**Report*

7) **FOR DISCUSSION: TIME SPECIFIC AT 4:30 P.M. PRESENTATION OF THE RESEARCH STUDY ON HIGH UTILIZERS OF THE SAN FRANCISCO GENERAL HOSPITAL INPATIENT MEDICAL SERVICES**

**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

1/16/00

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 16, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:08 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

President Guy requested a minute of silence in memory of Ella Wong, Administrative Secretary at Laguna Honda Hospital, who had an untimely death. On behalf of the Commission, President Guy extended its condolences to family, friends, and colleagues of Ella at Laguna Honda Hospital.

In honor of Emergency Medical Services Week, Dr. John Brown, Director of the EMS Agency; presented the following EMS Week Awards to:

Field Provider	James Di Modica, King American Ambulance Co.
Hospital Provider	Ann Stangby, RN, San Francisco General Hospital
Community Member	Glenn "Raz" Raswyck
Special Recognition	Acting Captain Dave Franklin, S.F. Fire Department

(Accepting for Acting Captain Franklin was Battalion Chief Dough Goodin).

Dr. Brown also submitted to the Commission the May 2000 update from the EMS Section that contains the 1999 Emergency Medical Services System Summary.

President Guy announced a special Health Commission meeting on Tuesday, May 30, 2000 at 3:00 p.m., 101 Grove Street, Room 300, for the purpose of considering a proposed $97 million general obligation bond for the November ballot. This bond would improve facilities at SFGH and community clinics.

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 2, 2000**

Action Taken: The Commission unanimously adopted the minutes of the meeting of May 2, 2000.

3) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) Update on the California AIDS Intervention Center's Contract.

Commissioner Hill expressed his appreciation for the follow-up status of this contact.

(3.2) **DPH-Central Administration** – Request for approval to accept and expend $887,667 in funds from the Robert Wood Johnson Foundation (RWJF), to support an evaluation of the impact of local insurance expansion programs on health insurance status in San Francisco, for the period of July 1, 2000 through June 30, 2004.

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Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

The Governor's May Revision to the State Budget

Yesterday, the Governor released the May Revision to his 2000-01 proposed State Budget. The May revision includes revenue and expenditure estimates updated to reflect April's tax receipts, updated caseload, enrollment and population information for programs, as well as changes to the Governor's January budget proposals.

California's revenues are projected to be $5.764 billion above the $5 billion anticipated by the budget proposed by the Governor in January, bringing California's total surplus to nearly $11 billion for the remainder of FY 1999-00 and for FY 2000-01. Not surprisingly, education remains the Administration's top priority with the May revision proposing an increase of nearly $4 billion for

K-12 education over the current and next fiscal years. The May revision also provides $1.9 billion for a one-time prosperity dividend, providing each single taxpayer with a $150 rebate and a $300 rebate for married couples filing jointly.

The Governor has proposed an additional $1.3 billion (in combined State and federal funds) for health and human services, reflecting an increase of approximately 2.3% over his January proposal of $56.6 billion. Approximately $800 million of the increase is in the area of health services. The Governor has indicated that all of California's $389 million in tobacco settlement funds for 2000-01 have been allocated, along with the other General Fund revenues, for health service expansion. The following table shows the State General Fund portion of the changes proposed in the May revision:

	General Fund Change for FY 00-01
Medi-Cal	+$460.1 million
Public Health	+$120 million
Managed Risk Medical Insurance Board	+$58.7 million
Mental Health	+$65.9 million
Alcohol and Drug Programs	+$3.1 million
Prevention and Treatment Initiatives	+$90 million
Total	+$795.8 million

Because the detail of the Governor's May revisions are not yet available, reconciliation between the programmatic highlights and the fiscal summaries is difficult. Following summarizes the major additional proposals included for FY 2000-01.

Medi-Cal (+$460.1 Million General Fund)

- +$385.3 million for provider rate increases
- +$25 million reduction to the State administrative fee paid by disproportionate share hospitals for a total FY2000-01 reduction of $55 million
- +$115 million to eliminate the requirement that families provide quarterly status reports which will result in more families maintaining Medi-Cal coverage
- Increased spending is offset by savings attributed to fraud prevention and increased drug rebates

Public Health (+$120 Million General Fund)

- +$30.2 million for a rate increase for CHDP, CCS, Adolescent Family Life Program and Primary Care Clinics
- +$2.4 million for HIV/AIDS drug resistance testing
- +$4.6 million for increased caseload and health care costs for the California Children's Services (CCS) program, the Children's Health Disabilities Program (CHDP), and Genetically Handicapped Persons Program (GHPP)

Managed Risk Medical Insurance Board (+$58.7 Million General Fund)

- +$59.2 million to provide coverage under Healthy Families for all 639,000 children estimated to be eligible
- Allows Healthy Families health plans to assist families known to them with the Healthy Families and Medi-Cal for Children application processes
- +$3.5 million for media outreach
- Increases are offset by decreases in the Access for Infants and Mothers (AIM) program due to decreased enrollment

Mental Health (+$65.9 Million General Fund)

- +$35.6 million for each of the next three years for Integrated Services for Homeless Adults, a comprehensive mental health care model created by AB 34 (Steinberg) in 1999
- +$15 million for supportive housing grants
- +$11 million in new Substance Abuse and Mental Health Services Administration (SAMHSA) funds for the Integrated Services for Homeless Adults program, an Older Adult System of Care and the Youth Development and Crime Prevention Program
- +$8 million for changes in mental health managed care, including an increase in eligible populations and a decrease in the Consumer Price Index
- +$21.5 million (in federal reimbursements) for the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program

Alcohol and Drug Programs (+$3.1 Million General Fund)

- +$1.1 million for a rate increase for Drug Medi-Cal service providers
- +$2.8 million (in federal reimbursements) to expand drug and alcohol treatment to parolees
- +$4.5 million from a new Substance Abuse Prevention and Treatment block grant for Youth Development and Crime Prevention
- +$2 million for substance abuse prevention pilot programs serving low-income women on CalWORKs

Treatment and Prevention ($90.3 Million General Fund)

- +$60.3 million to backfill CHDP previously supported by Proposition 99 revenues
- +$20 million for breast cancer treatment
- +$10 million for prostate cancer treatment
- +$8.9 million for smoking cessation (supported by Proposition 99 funds)

The May revision adopts components of several active legislative proposals. If these provisions of the Governor's proposal are adopted, it is likely that the specific bills that address these changes will stop moving through the legislative process. It is important to note that these proposals do not necessarily comprise the budget that will ultimately be enacted. The Legislature works on budget issues on a parallel track with the Administration. In late May and early June, the Administration and the Legislature will meet to negotiate and finalize the State budget for FY 2000-01. The Department will continue to keep abreast of budget issues that affect San Francisco.

Charity Care Hearing

Last week the Board of Supervisors held a hearing on charity care provided by private non-profit hospitals in San Francisco. At the hearing labor leaders and community groups criticized the City's private non-profit hospitals for not providing enough care for the poor and indigents. Representatives of the hospitals defended their level of care and provided evidence of their involvement in community benefits.

Non-profit hospitals receive tax exemptions from real estate taxes. In return they are ethically required to provide a non-specified public benefit. The appropriate level of public benefit has never been specified. There has also been quite a lot of debate about what should be considered "community benefits". At one extreme everyone would agree that providing medical care for indigents is charity care. At the other extreme some question whether benefits such as blood pressure screening at shopping malls should be considered community benefits because they also serve to provide useful marketing for hospitals.

The Health Department was asked to provide technical support on the appropriate definitions of charity care and to provide recommendations to the Board of Supervisors on this area. In addition, there is a statewide task force looking at uncompensated charity care. Ken Jensen and Tony Wagner from our CHN sit on this Task Force.

Strategic Planning Update

Since the last update to the Health Commission regarding the Department's Strategic Planning Initiative, several activities have taken place.

The Populations and Programs Subcommittee has developed draft priorities for the programs the Department should provide, based on its previous recommendations for populations the Department should serve. The Subcommittee anticipates presenting its recommendations to the Steering Committee on June 14, 2000. In addition, the Subcommittee has drafted another component of its work plan on how to evaluate the effectiveness of the Strategic Planning Initiative. Both the program priorities and evaluation will be presented to the Steering Committee for approval. Plan implementation guidelines have been developed by the Steering Committee and are being routed to the Subcommittees for review and comment.

The second installments of the monthly community and staff strategic planning, informational flyers are being prepared for distribution throughout the City and Department respectively. The Health Commission will receive copies. Over the past month, the Steering Committee co-chairs have presented the Department's Strategic Planning Initiative to three Community Advisory Boards (Tom Waddell Clinic, Long Term Care Pilot Project, HIV Prevention Planning Council). In addition, strategic planning presentations were given to the Department's contractors and SFGH medical service chiefs. A town hall meeting for SFGH staff will be held on Wednesday, May 17, 2000 at the Carr Auditorium from 1:30 – 3:00 p.m. Additional meetings with Community Advisory Boards are set for the next two weeks, and community town halls in four additional supervisorial districts are being planned for June 2000.

POPULATION HEALTH AND PREVENTION

Community Health Promotion and Prevention

The Community Health Promotion and Prevention Branch has been awarded a two-year grant of $93,755 from the California Telehealth and Telemedicine Center. This grant will address the digital divide by developing Telehealth capacity for African Americans in San Francisco. The project will result in an internet presence for African American community groups, who will collaborate with DPH in developing and maintaining their own health-related web pages. Congratulations to Brian Katcher, who wrote the grant and will be overseeing its implementation.

HIV Health Services

Laura Thomas, Planner for the HIV Health Services Section, will be receiving an AIDS Hero Award for her longtime and courageous service to the HIV/AIDS community at the AIDS Candlelight Memorial on Wednesday, May 17, 2000.

STD Prevention and Control

STD education and urine screening was offered at the CATS nightclub on several weekends during April and early May, starting April 16th. Youth and young adults, one of the highest risk groups for STDs, frequent the nightclub. The event was written up in the SF Examiner/Chronicle, was featured on all major TV stations, is one of this week's feature stories in Newsweek magazine and is highlighted on WebMD.

COMMUNITY HEALTH NETWORK

Status of Psychiatric Beds at SFGH

As the Commission is aware, the budget that the Department submitted to you in February 2000 included a plan to move patients who were no longer acutely in need of psychiatric hospitalization to more appropriate levels of care. SFGH psychiatric ward had a large number of such patients because of a number of factors, including a shortage of viable alternative placements. In the budget the Department created a set of alternatives including supportive housing, placements in IMDs, board and care placements, and a specialized unit at Laguna Honda Hospital.

Although there has been tremendous enthusiasm for the creation of appropriate alternatives for people who no longer need acute hospitalization, there has also been dismay about the loss of psychiatric beds at SFGH. Last week the Mayor convened representatives from the psychiatric ward at SFGH, Supervisors Ammiano, Becerril, Kaufman, Newsom and Yaki, as well as the Controller, Monique Zmuda and Dr. Katz.

At the meeting the Mayor expressed his conviction that people should be cared for at the most appropriate setting. To prevent the ward from closing, however, he recommended that the Department hospitalize at SFGH, Medi-Cal and Medicare patients who would have once been transferred to one of the private non-profit hospitals because of insufficient space at SFGH. He further agreed to pay the difference between what the other non-profit hospitals charge the Department, and what it would cost the Department to care for these patients at SFGH.

At this point the plan is to fill the 21 beds with paying patients. Although the Department is still finalizing the numbers, it is estimated that $1.8 million in revenue will be generated by the Department of Psychiatry, $400,000 of funding for private hospitals will be transferred from Mental Health to SFGH, and a new General Fund allocation of $800,000 will be made to pay for the additional cost to provide inpatient services at SFGH. This assumes that the hospital is able to maintain the improved acuity rate (decreased administrative days and decreased decertified days) they have been doing in recent months. If the ward is not able to maintain the improved acuity rate, and if the number of decertified and administrative days climbs again, $800,000 will not be enough to maintain the ward and we would have to again look toward closing it, and once again sending these patients back to private non-profit hospitals.

The Mayor's Office and the Controller's Office have informed the Department that half of the money will be kept on reserve. And the Department of Psychiatry will be required to report on its ability to meet the performance goals. The Psychiatry Department will be asked to go before the Finance Committee to release these dollars.

San Francisco Stunned by Tragedy

The entire City of San Francisco was shocked and saddened by the tragic murder of Ella Wong. Ella had been the LHH Administrative Secretary since March 1999. Ella was well liked and well respected by fellow staff members. LHH held a memorial service for Ella, attended by Health Commissioners Roma Guy and Lee Ann Monfredini. Contributions can be made in Ella's memory to the American Diabetes Association. Dr. Katz extended sincere condolences to Ella's family on their tragic loss.

Laguna Honda Hospital Pharmacy Services

The Clinical pharmacy services and the geriatric pharmacy teaching program at Laguna Honda Hospital were featured in a recent edition of UCSF Magazine. Subtitled, "What is Aging?", the March 2000 edition of the magazine focuses on research and health related issues of aging. The article on pharmaceutical services at Laguna Honda Hospital spoke to the medical complexity of

patients cared for within the CHN, and the commitment of CHN staff to improve our patients' quality of life.

Maxine Hall Health Center's Appreciation Day.
Maxine Hall Health Center recently held its 5th Annual Staff Appreciation Day. The event, sponsored by the Center's management team, combines general staff appreciation with Nurses and Secretaries Week. The management team prepares and serves food to the entire staff. Following the brunch, a staff initiated auction was held to raise funds for the teen clinic. The event, which included a white elephant auction, raffle, donation of personal services (gardening, baked goods, foot massage, quilting, etc.) raised over $1,000. Special thanks to Dody Domish, Dr. Nina Weiss, Sue Thornley and Monique El Amin for a superb job in organizing the fundraising event.

2000 San Francisco Lesbian, Gay, Bisexual, Transgender Pride Parade
Dr. Katz invites family and friends to march with the DPH contingent at the San Francisco Pride Parade celebration on Sunday, June 25th at 10:30 a.m. Share the experience of hearing people cheer and seeing their smiles when our contingent proudly walks down Market Street! Contact Arla Escontrias, at 206-2332 for more details, pager (650) 997-4264, email arla_escontrias@chnsf.org

SFGH Medical Staff Credentials Report

	May 2000	2000 YTD
New Appointments	19	80
Reinstatements	0	4
Reappointments	33	162
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	14	68
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	2
Voluntary Relinquishment	0	0

A special Certificate of Appreciation from George Smith, Mayor's Office Homeless Coordinator, was presented to Willie Crawford, Facilities Manager for 101 Grove. Mr. Crawford was not only instrumental in assisting the Mayor's Office to conduct a training session for census takers for the homeless population, but also he had been extremely helpful in setting up the temporary Mission Rock Shelter for the homeless.

Commissioner Chow pointed out that Dr. Katz's description and explanation on the issue of the 21 SFGH patient psychiatry beds is very accurate in comparison to the newspaper coverage. Commissioner Chow requested, upon completion of the City budget process, an update on the cultural competency capacity in relation to the 21 psychiatry beds.

Commissioner Chow inquired whether a document on charity care was available from the private sector hospitals, (i.e., Hospital Council). He suggested, at the appropriate time, an agenda item on charity case be calendared for a Commission meeting.

Commissioner Umekubo commented that the public and private hospitals need to discuss and collaborate on the issues and definitions around charity care.

Dr. Katz stated the Department will be providing any technical information on charity care, both to the Commission and the Board of Supervisors.

President Guy reinforced the Commission's support for the appropriate level of care for patients coming into SFGH and the CHN system.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE AWARDS FOR MAY**

On behalf of the Commission, President Guy presented the May Department of Public Health Employee Awards to the following:

Individual Nominee	Division	Nominated by
Susan Langdon	San Francisco City Clinic, STD Prevention and Control, Population Health and Prevention	Wendy Wolf, Deputy Director, STD Prevention and Control
Nora Macias	" " "	" " "

Team Nominees	Division	Nominated by
Paul Carlisle, MPT, GCS	Rehabilitation Center, Laguna Honda Hospital	Patrick Monette-Shaw, Secretary II, Rehabilitation Center, Laguna Honda Hospital
Marilyn Brandt, MS, OTR	" "	" "
Pamela Horenstein, MS, CCC, SLP	" "	" "
Lisa U. Pascual, MD	" "	" "

Commissioner Hill left at 3:45 p.m.

6) **UPDATE ON THE BRIDGE COMMITTEE, WHICH WAS CREATED TO RESPOND TO THE IDENTIFIED NEEDS OF PATIENTS IN THE DEPARTMENT OF PUBLIC HEALTH NETWORK OF CARE, WHOSE MEDICAL AND PSYCHOSOCIAL NEEDS COULD BE BETTER MET IF A DIFFERENT ARRAY OF ALTERNATIVES TO INSTITUTIONALIZED SETTINGS WERE AVAILABLE**

Jimmy Loyce, Deputy Director of Health, and Dr. Melissa Welch, Chief Medical Officer of the CHN, presented the work of the Bridge Committee, which formed as a result of a recommendation

from the Reducing Reliance on Institutions meeting in January 1999. The Bridge Committee, chaired by Dr. Welch, brought together staff within the CHN working with the most medically and psychiatrically complex patients. A copy of the full report is available in the Commission Office.

The Bridge Committee's first year report included the following:

I. Background

II. Principles, Change and Membership

III. Scope of Work

A. Resource Sub-Committee
B. Placement Sub-Committee
C. Other Focused Work
    1. Laguna Honda Screening Process and Special Units
    2. Mental Health Rehabilitation Facility
    3. Conservatorship task Force
    4. Site Visits
        a. Medical Hills
        b. Napa State Hospital
    5. New Models of Care

IV. Policy Issues and Recommendations

Policy Issues

1) What is the availability of GAP dollars (Patch) and expansion of those dollars for next fiscal year 2000/01?
2) How do we address the interfacility issue with private hospital)(s) stabilizing then referring or refusing to accept patients who are unsponsored or who are sponsored and are likely to be difficult to place? Are there EMTALA issues here"
3) How do we determine residency status of patients who are previously San Francisco residents but have been in long term care in another County?

Recommendations

1) The final disposition of a Bridge patient should continue to rest at the Placement Committee (or Bridge) level, per the Director's Policy Statement in May 1999.
2) DPH should charge a work groups to do a financial analysis to determine whether it is more cost effective to continue to patch patients or to create a model of care to address the needs of patients who need a locked unit/facility. This group should also explore any opportunities for waiver initiatives that would allow leveraging of funds.
3) DPH, as an interim strategy, should allocate funds to continue to patch the most difficult to place patients, especially those who need locked or Napa level of care.
4) DPH should further explore use of MHRF to meet the needs of a *subset* of difficult to place patients, recognizing that issues of relocation of CHMH patients currently at the MHRF would need to be addressed.

Attachments to the report included:

- Bridge Committee Work Plan
- Inventory of residential settings operated and/or funded by DPH
- Resource/patient information form
- Summary prior to DPH work with difficult to place patients
- Patient placement Sub-Committee
  - Group identified as difficult to place
  - Criteria for referrals to Bridge Committee
  - Persons designated to make referrals to Bridge Committee
- Referral Form
- Referrals
- Clinical, demographic and behavioral characteristics of Bridge patients
- Admission referral process and personnel for LHH
- MHRF information
- Bridge models and issues

Dr. Welch and Mr. Loyce would like the Bridge Committee to continue resolving the ongoing and critical issues of the most difficult to manage patients. The Committee will look at issues of non-bed resources, intra-agency collaborations, cost benefit analysis of new models of care and ongoing special housing needs.

Commissioners' Comments:

- Take objective look at cohort of providers and existing support services; see if new pathways are needed
- Great report; supports work and recommendations of the Bridge Committee
- Very difficult job in placing complex patients; things will improve with the Bridge Committee work
- Include the inventory of services from the Homeless Task Force
- MHRF needs to the re-examined, looking at its original criteria; presentation to the Commission could be a future agenda item

Dr. Welch pointed out the high utilizers of SFGH inpatient services and the Bridge Committee patients are two different populations.

Dr. Katz commended the Bridge Committee for its work and emphasized this is another step towards integration and intra-department problem-solving, with the goal of doing better for the patients.

President Guy thanked the staff for an excellent presentation. She pointed out the work of the Bridge Committee reflects the Commission's direction for the Department to act as one Department, and to be patient-driven. She expressed her sincere appreciation for all of the contributions by the members of the Bridge Committee. She is deeply encouraged by their work.

7) **TIME SPECIFIC AT 4:30 P.M.**

PRESENTATION OF THE RESEARCH STUDY ON HIGH UTILIZERS OF THE SAN FRANCISCO GENERAL HOSPITAL INPATIENT MEDICAL SERVICES

Gene O'Connell, Executive Administrator for SFGH, introduced Dr. Talmadge King, Chief of Service, and Dr. Alicia Fernandez, Director of Inpatient Medical Services, who conducted research

on high utilizers of SFGH Medical Inpatient Services. Their findings reinforce the previous policy direction set by the Commission to focus on supportive housing and community alternatives to hospitalization.

A copy of the slide presentation is available in the Commission Office.

Dr. Fernandez highlighted the following areas:

Summary

- High Utilizers (HU) comprise 13% of patients yet account for 35% of admissions and bed-days
- High utilizers utilize CHN resources about five times more than Non-High Utilizers (NHU), and Emergency Department (ED) and Primary Care Clinics (PCC) three times as much
- HUs are diverse, and disproportionately African-American, young, male
- Drug addiction is the most prevalent diagnosis

Implications

- Interaction of clinical and social issues determines high use
- HU have access to care, yet have unmet needs
- HU demonstrate the limitations of a biomedical model of care, as opposed to a biopsychosocial model of care

Specific Objectives

- Define magnitude of "high use" of SFGH medical inpatient services
- Examine HU use of CHN, ED and PCC
- Describe demographics of HUs: housing status, gender, age, race
- Describe clinical problems of HUs
- Understand role of co-morbidities of high utilization
- Understand role of homelessness in high utilization
- Determine stability of HU population from year-to-year

Future Directions

- Develop HU prediction rule
- Natural history study of HU: what happens in year two?
- Intervention trial of medical, social or case management services
- Patient survey of HUs
- Working conference to improve care

Dr. Fernandez invited Commissioners to attend the following a one-day conference:

Title: Creating a Coordinated System of Care for High Utilizers of the SFGH In-Patient Medical Service

Date: Monday, June 26th, 8:30 a.m. to 4:30 p.m.
Laurel Heights Conference Room

Sponsors:	Department of Medicine Department of Psychiatry Department of Family Medicine
Co-Sponsors:	CHN/SFGH Acute Services CHN Primary Care Service UCSF Dean's Office S.F. Department of Public Health
Participants:	Staff from acute clinical services, outpatient's services, psychiatric services, social services, housing, etc.

The Conference goals are to:

- Discuss unmet clinical needs
- Discuss unmet social needs
- Improve coordination between services
- Expand discussion of clinical pathways for specific disease entities
- Expand discussion of pathways for specific social/medical problems

Note: Commissioner Monfredini left at 5:15 p.m.

Commissioners' Comments and Questions:

- What are the costs for high utilizers?
- This research helps to dispel myths about these patients
- Need to address the whole patient-physical and psychosocial needs
- Need to have integrated programs
- Urged the inclusion of community clinic staff into these discussions
- Appears to be a disconnect when a patient has a physician and an address
- Compliance is an important part of medical care

Dr. Fernandez pointed out that the data show primary care alone is not enough; there are psychosocial needs that also have to be addressed:

- Mental health and substance abuse issues complicate the needs of patients
- Encouraged use of field clinics where the patients are
- Presentation shows excellence in research and cultural competency and being inclusive
- To reduce high utilization, need to reduce alcoholism, substance abuse, and aging (i.e., the social ills of society) and bring them into control
- Lack of ongoing support for high utilizers
- Look at co-location of mental health and primary care (i.e., example at Maxine Hall Health Center)

President guy thanked Dr. Fernandez and Dr. King for the informative presentation and encouraged them to move forward with their research.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

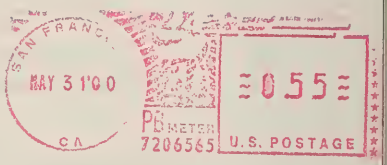
The meeting was adjourned at 6:05 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Vice President

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Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Sandy Ouye Mori
Executive Secretary

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PUBLIC NOTICE

SPECIAL HEALTH COMMISSION MEETING

Tuesday, May 30, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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AGENDA

1) **Call to Order**

2) **Consideration of a Resolution regarding approval of the Department of Public Health's proposal for a General Obligation Bond for $97,000,000 to be considered for the November 2000 ballot, to improve facilities at San Francisco General Hospital and Community Clinics**

3) **Adjournment**

SAN FRANCISCO
HEALTH COMMISSION

May 30, 2000

The Minutes for this meeting are missing.

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John I. Umekubo, M.D.
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Edward A. Chow, M.D.
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Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

6/00

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

June 6, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE REGULAR MEETING OF MAY 16, 2000**
**Minutes of May 16, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN-Pharmacy –** Request for approval of a new contract with Asereth Medical Services, Inc., in the amount of $1,100,000, for as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $1,418,820 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, HRC Form 6*

(3.2) **PHP-CHPP** – Request for approval to accept and expend a two-year grant from the California Health Foundation and Trust, in the amount of $93,756, for the development of Telehealth capacity for African Americans living in San Francisco.
**Calendaring request memo, Grant application information form, Budget forms*

(3.3) **PHP-Housing Services –** Request for approval of a new contract with Episcopal Community Services (ECS), in the amount of $1,548,696, to provide senior housing and supportive services at the Le Nain Hotel, targeting homeless, low income seniors, for the period of June 1, 2000 through June 30, 2002. (DPH contracted with ECS for a total of $1,172,999 during FY 1998-99).
**Calendaring request memo*

(3.4) **PHP-CHS** – Request for approval of a renewal contract with Lifemark Corporation, in the amount of $360,899 per year, to provide fiscal intermediary services to the Personal Assisted Employment Services (PAES) program, for the period of July 1, 2000 through June 30, 2002, for a total of $721, 798 for the two year period. (DPH contracted with Lifemark for services totaling $1,955,088 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary*

(3.5) **PHP-CHPP** – Request for approval of a retroactive contract modification with San Francisco Study Center (SFSC), in the amount of $422,500, to provide support services to the Health Environmental Resource Center (HERC), and the African American Health Initiative (AAHI), targeting African Americans with asthma and/or cancer health concerns, primarily in the San Francisco Bayview Hunters Point area, for the period of January 1, 1999 through June 30, 2000. The contract total with this modification equals $972,500. (DPH contracted with SFSC for services totaling $1,620,515 during FY 1998-99).
**Calendaring request memo, HERC Status Report, AAHI Status Report*

(3.6) **PHP-CSAS –** Request for approval of retroactive contract modification with Youth Leadership Institute (YLI), in the amount of $549,962, to expand existing substance abuse prevention services and to augment new early intervention and outpatient services targeting youth between the ages of 12-17 years, for the period of March 1, 2000 through June 30, 2001. The total four-year contract amount is $1,350,258, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with YLI for services totaling $195,906 during FY 1998-99).
**Calendaring request memo, Memo from YLI, Invitation to Good Neighbor meeting, Program Assets and Challenges form*

(3.7) **PHP-CSAS –** Request for approval of retroactive new contract with YMCA of San Francisco, in the amount of $550,000, to provide comprehensive substance abuse outreach, prevention, education and counseling services through a youth center, targeting San Francisco youth who are at risk for substance abuse, for the period of March 1, 2000 through June 30, 2001.
**Calendaring request memo, OMI/Excelsior Neighborhood Beacon Center meeting minutes, Client Demographic Information for Urban Services YMCA and Huckleberry Youth Programs*

(3.8) **PHP-CMHS –** Request for approval of new contract with Calvin Y. Louie, CPA, in the amount of $3,500,000, to provide fiscal intermediary services for Community Mental Health supplemental residential care facilities, for the period of July 1, 2000 through June 30, 2001.
**Calendaring request memo*

(3.9) **PHP-CMHS** – Request for approval of sole source contract renewal with Echo Consulting Services of California, Inc., in the amount of $341,432, to provide maintenance and support services

for the mental health billing information software, INSYST, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Echo for services totaling $189,270 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary*

(3.10) **PHP-CMHS –** Request for approval of sole source contract renewal with InfoMC, in the amount of $143,500, to provide maintenance and support services for the mental health managed care cCURA3 software, for the period of July 1, 2000 through June 30, 2001.
**Calendaring request memo, Monitoring Report Summary*

4) **FOR DISCUSSION ONLY:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION:** **UPDATE ON IMPLEMENTATION OF HEALTH COMMISSION POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTION AND CULTURAL COMPETENCY**

6) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF THE POPULATION HEALTH AND PREVENTION COMPLIANCE PLAN, UPDATE ON THE COMMUNITY HEALTH NETWORK COMPLIANCE PLAN, AND CONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE COMPLIANCE POLICY**

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
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HEALTH COMMISSION

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MINUTES
HEALTH COMMISSION MEETING

Tuesday, June 6, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner Lee Ann Monfredini

On behalf of the Commission, President Guy presented a special Certificate of Appreciation to Shirley Rodriques, Administrative Assistant to Tony Wagner, CHN Executive Administrator. Ms. Rodriques has been with the Department for 14 years and has been an invaluable member of Mr. Wagner's staff for the past two years. She will be the Executive Assistant to the General Manager of the Public Utilities Commission. Mr. Wagner expressed his appreciation for her dedicated work.

Action Taken: The Commission unanimously adopted the minutes of May 16, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **CHN-Pharmacy** – Request for approval of a new contract with Asereth Medical Services, Inc., in the amount of $1,100,000, for as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $1,418,820 during FY 1998-99).

This item was postponed to a future meeting.

(3.2) **PHP-CHPP** – Request for approval to accept and expend a two-year grant from the California Health Foundation and Trust, in the amount of $93,756, for the development of Telehealth capacity for African Americans living in San Francisco.

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(3.8) **PHP-CMHS** – Request for approval of a new contract with Calvin Y. Louise, CPA, for a maximum of $15,557, to provide fiscal intermediary services for the $3,000,000 Community Mental Health supplemental residential care facilities, for the period of July 1, 2000 through June 30, 2001.

(3.9) **PHP-CMHS** – Request for approval of sole source contract renewal with Echo Consulting Services of California, Inc., in the amount of $341,432, to provide maintenance and support services

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with #3.1 being postponed to a future meeting.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Mayor's Fiscal Year 2000-01 Budget

On May 31 the Mayor presented his FY 2000-01 budget. The Mayor's proposed budget for the Department of Public Health is $860 million. It includes all new initiatives and programs in the base budget as approved by the Health Commission in February. In addition, it includes the following enhancements:

- **SFGH Psychiatric Inpatient Services** - $3.0 million to maintain 92 acute psychiatric inpatient beds ($1.8 million in revenues, $800,000 in new General Funds and $400,000 transferred from Community Mental Health Services to other private psychiatric hospital funding).

- **Population Health and Prevention Programs** – $1.2 million for children's medical services, TB control, STD, adult immunization, laboratory, records and statistics, medical marijuana ID cards.

- **Housing** - $1.5 million for 92 long-term housing units for medically fragile seniors, and 50 units for psychiatric clients in need of placement from institutional care.

- **Mental Health** - $3.7 million in new revenues, primarily for mental health services to children and youth.

- **Substance Abuse** - $700,000 in new General Funds for additional treatment on demand, and $600,000 in new revenues for 35 additional methadone treatment slots and expanded youth substance abuse treatment services.

- $2.7 million in new General Fund to increase contractor salaries to $9/hour and to provide cost of living increases to contractor salaries.

- Funding to maximize patient flow to the most appropriate level of care - $700,000 of new General Funds.

- $500,000 in revenues for out-of-area managed care expenses for SFGH.

- **Equipment** - $4.0 million.

- **Capital** - $7.0 million for SFGH seismic and ADA projects, LHH fire alarm replacement, Maxine Hall health center renovations, SFGH wound care expansion and psychiatric ward upgrades.

- **LHH Replacement Project** - $3.5 million.

The Mayor's proposed budget includes $248 million in General Funds support for DPH. This is a $15 million increase in General Funds from the current year amount of $233 million. The Mayor's proposed budget does not include Civil Service salary MOU increases that are estimated to be an additional $15 million. Taken together, the General Fund increase over last year will amount to approximately $30 million.

SFGH/Primary Care Bond Delayed

At the end of last week Dr. Katz received notification from the City's Capital Advisory Infrastructure Committee (CAIC) asking that the Health Department complete further planning on a SFGH/Primary Care Bond prior to submitting it to the voters. Although the Department's bond proposal received a lot of positive feedback, several questions were raised as to how it fits into the Department's overall strategic mission and facilities plan.

Although the Department is disappointed that the bond proposal was not ready to submit to voters this November, the Department believes that it will be successful in placing the proposal on the ballot in the near future. This additional planning period will give the Department more opportunity to meld the capital plan with the strategic plan. The background work that was put into the bond proposal will form the nexus of the revised plan. Also, as noted in the Director's report of next year's budget, the Department received $7 million for capital improvements, which is a $2 million increase from last year. This will enable the Department to proceed on some key capital projects.

Bayview Community Meeting

Over 200 people attended a Bayview-Hunters Point Community Meeting last night at Providence Baptist Church to explore solutions to the gang violence and drug activity affecting the neighborhood. The Reverend Calvin Jones, and numerous other ministers, including the Reverend Amos Brown, coordinated the meeting. DPH staff acted as facilitators for the breakout groups. Both Jimmy Loyce and Tony Wagner were in attendance. The meeting resulted in a number of recommendations including: organization of a "youth sit" at Joseph Lee Recreation Center in mid-June, encouraging more parent involvement, getting Bayview community organizations to make contact with youth in need, and offering reentry programs for individuals when they are released from prison.

Organizers spoke passionately stating that the violence the neighborhood is experiencing is not just a Bayview problem, but it is a city problem, a nationwide problem.

POPULATION HEALTH AND PREVENTION

Superior Court Hazardous Waste Violation Decision

On May 16th, 2000, San Francisco Superior Court Judge William Cahill, issued a tentative decision on a hazardous medical waste violation at 490 Post Street, a medical and dental office building, imposing $1.1 million in civil penalties against the property owner. Environmental Health Section inspectors Seretha Warren and Jeff Nalle had found that Brugnara Properties had repeatedly mixed hazardous medical waste with other solid waste (garbage) and had illegally attempted to dispose of contaminated medical waste without a valid permit. These activities, documented from February 23, 1999 to November 20, 1999 jeopardized the safety of employees handling the refuse. After the owner ignored our inspectors' multiple attempts to resolve the violation, the City Attorney's Office

brought a lawsuit against the corporation. The investigations, actions, and thorough documentation by Environmental Health staff were instrumental to both the resolution of the hazardous situation and the success of the litigation.

Chlamydia and Gonorrhea Testing

From August 1999 through April 2000, men and women age 15-25 years who had urine collected for clinical purposes at the SFGH Emergency Department were also tested for chlamydia and gonorrhea. (ED patients are notified of the program via posters at registration.)

Among the 234 women tested, 15 were subsequently treated for chlamydia and eight for gonorrhea. Among the 54 men tested, two were treated for chlamydia, none for gonorrhea.

PH&P Personnel Recognized

Steven Tierney, Director of HIV Prevention, was elected to the Board of Directors of the AIDS Alliance for Children Youth and Families at the annual meeting in May. He was also elected Vice President of this national organization for the next year.

Dr. Patricia E. Evans, Medical Director of Maternal and Child Health, was selected to present at the Scientific Section of the Statewide Maternal and Child Health Conference held in San Diego. Her paper entitled "Foster Care Children and Managed Care: Determining Levels of Risk" was presented on May 31, 2000.

COMMUNITY HEALTH NETWORK

Interim Chief Nursing Officer/Inpatient Director

Dr. Katz announced the assignment of Joseph Pendon, RN, MSN, as Interim Chief Nursing Officer/Inpatient Director, effective June 12, 2000. Joseph currently serves as Director of Medical Surgical Nursing at San Francisco General Hospital Medical Center. Joseph came to the hospital from Contra Costa Regional Medical Center. In his ten years with them, he assumed multiple roles focused on inpatient operations. As a Nurse Program Manager/Special Project support person and as Director of Perinatal Services, Joseph was able to build upon his managerial/leadership skills.

On behalf of the Commission, President Guy presented a special certificate of appreciation to Dolores Gomez, RN, MS, Associate Administrator for Acute Care Services and Chief Nursing Officer for San Francisco General Hospital Medical Center. She has taken a new position with Kaiser South Bay as a Patient Care Team Leader. Dolores Gomez first joined our organization as an Assistant Director of Nursing eight years ago. Dr. Katz, Gene O'Connell, and Tony Wagner expressed their appreciation for here administrative skills and patient care expertise.

Commissioner Umekubo expressed his concerns for the ambulatory care facility and looks forward to a future ballot initiative in 2001.

Commissioner Sanchez pointed out the basic work has been done for the bond and there may be creative ways to create total access.

Commissioner Hill stated the importance of moving ahead and continuing to promote the bond.

President Guy sees this as an opportunity to go back and look at the inclusion of school-based clinics and non-profits into the bond.

5) **UPDATE ON IMPLEMENTATION OF HEALTH COMMISSION POLICY #24: CONTRACTORS' COMPLIANCE WITH ANTIDISCRIMINATION PROTECTION AND CULTURAL COMPETENCY**

Norm Nickins, Deputy Director of EEO, Affirmative Action, and Cultural Competency, presented an update on the implementation of Policy #24, (Attachment A). The Department is requesting contractors to respond on an agency basis not a program basis. So far, 10 final reports out of 175 contracting agencies have been submitted. The deadline is June 30, 2000.

Commissioners' Comments:

- State, Federal and Office of Minority Health all have materials and definitions for cultural competency.
- Requested copy of community standards for provisions of quality, health care services for lesbian/gay/bisexual, transgender clients.
- Requested update on the Department's Civil Service programs' compliance to Policy #24; the Department needs to have its own internal objectives for cultural competency
- Requested the annual EEO report to include cultural competency
- Complimented the Department on the implementation of the policy; very complex issue and not easy to implement with the different programs and different ethnic groups
- The single point of contact helps to ease the burden on contractors
- Need to look at ADA cost factors for compliance

Dr. Katz pointed out that he has not received one complaint on the revised Policy #24, in comparison to the complaints received on the previous policy.

President Guy thanked Mr. Nickens for his update.

6) **PRESENTATION OF THE POPULATION HEALTH AND PREVENTION COMPLIANCE PLAN, UPDATE ON THE COMMUNITY HEALTH NETWORK COMPLIANCE PLAN, AND CONSIDERATION OF A RESOLUTION FOR A DEPARTMENTWIDE COMPLIANCE POLICY**

Dr. Katz pointed out the importance of functioning as one whole Department. He promoted a single Departmentwide compliance policy with a single compliance team, with the understanding that each Division may have different needs.

The Commission has already approved a policy for the Community Health Network to create and implement a compliance program. This program has been developed and is underway. The Population Health and Prevention Division of the Department of Health has also begun compliance activities consistent with Federal and State regulations.

Cynthia Bautista, Compliance Officer for PHP, and Diane Keefer, Compliance Officer for the CHN, presented an update on the current compliance plan and accomplishments in the area of compliance. For a copy of the full presentation, contact the Commission Office (554-2666).

The report covered the following areas:

- What is Health Care Compliance?
- A History of Compliance in Health Care

- Operation Restore Trust (ORT)
- Outcomes of ORT
- Other Legislation Impacting Compliance
- Guidelines for Providers
- Seven Key Elements of Compliance Program

    1. Leadership commitment, including the designation of a chief compliance officer, charged with operating and monitoring the program
    2. Development of written standards of conduct, which include policies and procedures that promote compliance
    3. The development and implementation of effective education and training
    4. A process to receive complaints and procedures to protect anonymity and go guard against retaliation
    5. Enforcement of compliance standards and the existence of guidelines for disciplinary action when there are any violations
    6. The use of audits and evaluation techniques to monitor compliance
    7. The investigation and remediation of identified problems and policies addressing the hiring of new employees

- Compliance Efforts and Accomplishments
- Where the Department is Going with the Compliance Program

Commissioners complimented the Department for a comprehensive report and pointed out the challenge in the implementation phase, and the potential costs associated with this compliance program.

President Guy requested a progress report on the implementation of the Compliance Program be presented to the Commission in January 2001.

Action Taken: The Commission (Guy, Umekubo, Hill, Parker, Sanchez) adopted Resolution #6-00, "Affirming the Commitment of the Health Commission and the Department of Public Health to Compliance with all Applicable Federal, State and Local Laws, and the Program Requirements of Federal, State and Private Health Plans, and Directing the Department of Public Health to Develop and Implement a Departmentwide Compliance Program," (Attachment B).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-00

AFFIRMING THE COMMITMENT OF THE HEALTH COMMISSION AND THE DEPARTMENT OF PUBLIC HEALTH TO COMPLIANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, AND THE PROGRAM REQUIREMENTS OF FEDERAL, STATE AND PRIVATE HEALTH PLANS, AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO DEVELOP AND IMPLEMENT A DEPARTMENTWIDE COMPLIANCE PROGRAM

WHEREAS, Resolution No. 29-98 which was approved on August 4, 1998, affirmed the Health Commission's commitment to compliance and directed the Community Health Network to develop and implement an effective compliance program; and,

WHEREAS, the Health Commission is the governing body for the Department of Public Health which includes Central Administration, Community Health Network, and Population Health and Prevention; and,

WHEREAS, the Health Commission is committed to the provision of the highest quality health care in the most appropriate, effective, and efficient manner; and,

WHEREAS, the Health Commission is determined the Department of Public Health shall comply with all applicable federal, state and local laws and regulations, and all program requirements of federal, state, and private health care programs; and,

WHEREAS, the most effective way to ensure that the Department of Public Health complies with all applicable requirements it to develop and implement a departmentwide effective compliance program; now, therefore, be it

RESOLVED, that the Department of Public Health is hereby directed to develop and implement an effective compliance program for Central Administration, Population Health and Prevention, and the Community Health Network that includes, at a minimum, the following elements:

1) The hiring of a Compliance Officer
2) The development and distribution of a written code of conduct and written compliance policies and procedures, which promote commitment to compliance and address specific areas of potential concern;
3) The development and implementation of education and training programs for appropriate employees and contractors on compliance issues;
4) The enforcement of standards through performance objectives and disciplinary guidelines;

5) The establishment of effective lines of communication, including the creation and maintenance of a hotline or other communication mechanism designed to receive anonymous complaints;
6) The development and maintenance of a system for the prompt and effective investigation and resolution of identified problems; and
7) The performance of regular audits/evaluations to monitor compliance and determine the effectiveness of the resolution of identified problems;

and, be it

FURTHER RESOLVED, that the Director of Health shall report periodically to the Commission on the implementation of the compliance program and its effectiveness.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of June 6, 2000.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

San Francisco Department of Public Health
Office of Equal Employment Opportunity,
Affirmative Action, and Cultural Competency

May 24, 2000

TO: Health Commission

THROUGH: Mitch Katz, M.D.

FROM: Norm Nickens, Deputy Director
EEO, Affirmative Action and Cultural Competency

RE: Update on Implementation of Policy on *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency*

At its meeting of March 16, 1999 the Health Commission adopted a revised policy on *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency.* A preliminary report on the implementation of the policy was presented to the Health Commission on August 31, 1999. Copies of the policy were distributed to all contractors in April, August and November of 1999. In addition, a training on compliance with the policy was offered to all contractors in September, 1999.

All contractors were requested to submit a progress report by December 10, 1999; a follow up letter was sent out in January to contractors who had not yet responded to the request for progress reports. In the progress report contractors were directed to identify an agency contact person on cultural competency, to describe briefly the process to be utilized by the agency for developing their annual report on cultural competency, and to identify any need for technical assistance. Department of Public Health program managers and the EEO Office were identified as sources of technical assistance and information on regarding the policy.

San Francisco Department of Public Health, Office of Equal Employment Opportunity, Affirmative Action, and Cultural Competency, 101 Grove Street, Room 214, San Francisco CA 94102
Telephone: 415-554-2593
Fax: 415-554-2594
E-Mail: norm_nickens@dph.sf.ca.us

On May 12, 2000, Contractors were sent a reminder of the requirement to submit a final report by June 30, and to clarify the process for submitting the final report. One copy of the final report is to be submitted to the EEO Office and an additional copy shall be submitted to each contracting section with which an agency holds a contract. Two final reports have been submitted as of May 18, 2000.

Over the past few months the EEO Office and program managers have responded to questions and requests for technical assistance from contractors regarding the policy. This has included meetings with individual contractors, some providers associations, and departmental program managers. Areas that were identified by contractors as requiring more detailed technical assistance include:

- an overview of *concepts* of cultural competency, including the application of these concepts in specific program areas, such as HIV, substance abuse and mental health;
- development of quantitative and qualitative outcome *measures*;
- compliance with the *Americans with Disabilities Act (ADA)*;
- *linguistic* competency, including use of translators, translation services, development of multilingual print materials, and development of alternative format materials (large print, Braille, and audio);
- assistance in identifying *resources* for expanding cultural competency at an agency (staff training and development, translation of materials, barrier modification, etc.).

In order to assist contractors in complying with the requirements of the ADA and related non-discrimination provisions, a training for non-profit agencies was held in February 2000. It included elimination of physical and programmatic barriers to the provision of services to disabled clients. A related training on working with the deaf and hearing-impaired communities was held in January, 2000. The EEO Office is currently working with the Mayor's Office on Disability to complete the periodic ADA self-assessment required for all publicly funded agencies under the ADA. The current self-assessment, scheduled to be competed by December, 2000, is seeking to identify physical and programmatic barriers to the provision of services to disabled clients by City and County departments and their contractors.

Community Mental Health Services conducted a cultural competency training on providing services to the Russian community in January and African American community in February, 2000. A training on serving the mental health needs of Asian American communities is scheduled for September.

Other recent cultural competency activities have included: presentation of public testimony at a hearing on proposed Cultural and Linguistic Competency held by the Office of Minority Health, United States Department of Health and Human Services in January, 2000; presentation of public testimony on elimination of physical and programmatic barriers to the provision of services to disabled clients at the Mayor's Disability Council; assisting the Women's Health Coordinator in developing draft *Community Standards of Practice for Provision of Quality Health Care Services for Lesbian/Gay/Bisexual/Transgender Clients*; and, participation in a meeting sponsored by the Boston Public Health Commission on the development of Lesbian/Gay/Bisexual/Transgender health services and non-discrimination protections.

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The EEO Office is currently working with the Director of Population Health and Prevention (PHP) to establish a technical assistance and training program for FY 2000 – 2001.

This program would include four specific areas:

1. Training for contractors and DPH program managers on concepts of cultural competency.

DPH contractors and program managers have indicated a need for more specific training in a number of areas. Training would be offered to designated staff of contract agencies and PHP program managers and program analysts, who have responsibility for program and contract oversight, review and provision of technical assistance. Training would include:

1) review of the Health Commission's policy requirements;
2) non-discrimination requirements;
3) grievance policy requirements;
4) basic concepts of cultural competency, including human resources and organizational capacity;
5) specific mandates and special focus of PHP Sections (HIV Health Services; HIV Prevention Services; Community Substance Abuse Services; Community Mental Health Services; Children, Youth and Families; and Housing Services); and,
6) development of qualitative and quantitative outcome measures.

2. Development of assessment tools and outcomes measures to evaluate the provision of culturally competent services.

Program managers have indicated the need to develop an assessment tool tailored for use in the review of the annual Cultural Competency Plan submissions from contractors. This assessment tool would be used as a basis for reviewing an organization's capacities for delivering culturally and linguistically competent services. The tool could also incorporate specific mandates or specific areas of focus that are required by various PHP sections. The assessment of the annual Cultural Competency Plans would assist PHP program managers in the identification of contractors and programs who are in need of technical assistance, and could serve as the basis for making recommendations for corrective action and improvements.

3. Analysis of the cultural competency of the system of care offered through PHP.

The diversity of San Francisco's populations served by the Department requires that PHP contract with a broad range of community based organizations that have diverse and often changeable expertise and capabilities. The PHP has the responsibility of ensuring that with the system of care as a whole there is adequate cultural and linguistic competency. As currently drafted, the Commission's policy on *Contractors Compliance with anti-Discrimination Protections and Cultural Competency* only applies to contractors of the Department and does not apply to services offered directly by the Department. In order to effectively evaluate the ability of our system of care to provide culturally and linguistically competent services it may be appropriate to conduct a system wide assessment which includes Civil Service programs.

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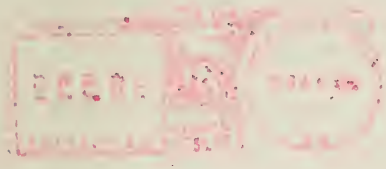
Within PHP, Community Mental Health services has already developed a County Cultural Competence Plan. Mandated by the State Department of Mental Health, the plan provides a systems analysis of the cultural competence needs, capacities and gaps of its human resources and services. The Plan addresses San Francisco's response to State standards for cultural competence in relation to access to care, quality of services and quality improvement.

4. **Development of a program to insure continuous quality improvement in the provision of culturally competent services.**

The existing policy requires contractors to submit an annual plan that includes specific goals and objectives for improvement at the agency and program level. Experience in other program areas has indicated that contractors will need assistance in developing cultural competency goals and objectives that effectively address their specific organizational needs, and that are conceptualized in ways that are measurable and achievable. Contractors will look to the Department or assistance in developing appropriate standards of care in regard to the provision of culturally and linguistically competent services. Examples of measures and indicators of culturally and linguistically competent services could include improved access to care, consumer satisfaction, and medication compliance. An example of a specific set of standards of care could include the proposed *Community Standards of Practice for Provision of Quality Health Care Services for Lesbian/Gay/Bisexual/Transgender Clients* that was recently presented at the Lesbian Health Summit.



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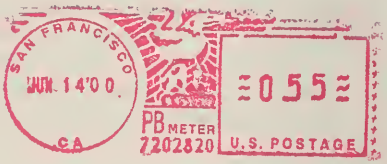
City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JUN 15 2000

SAN FRANCISCO
PUBLIC LIBRARY

June 20, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE SPECIAL MEETING OF MAY 30, AND THE REGULAR MEETING OF JUNE 6, 2000**
**Minutes of May 30 and June 6, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN–SFGH/LHH Facilities –** Request for approval of fourteen (14) contract renewals with the following firms in the combined amount of $2,400,000, to provide intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with the vendors for services totaling $3,000,000 during FY 1998-99).

Acker & Guerrero Roof Co., Inc.	Adolph Schmidt Gen. Contractors	Agbayani Construction, Inc.
Anderson Carpet & Linoleum Sale Co.	Angotti & Reilly Inc.	Ayoob & Peery Plumbing
Baca & Sons Painting	Floortrends, Inc.	McClure Electric
Monticelli Painting & Decorating	Robert Poyas, Inc.	Sabel Painting Co.
Sierra Electric Co.	The Shooter Co.	

**Calendaring request memo, Unit of Service Definition pages*

(3.2) **SFGH-Health Information Systems** – Request for approval of a sole source contract renewal with Deliverex, Inc., in the amount of $275,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Deliverex for services totaling $375,000 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, Letter from Deliverex*

(3.3) **PHP-BEHM** – Request for approval of new contract with Romic Environmental Technologies, in the amount of $100,000 per year, to provide hazardous waste management and transportation services, for a total contract value of $200,000, for the period of July 1, 2000 through June 30, 2002.
**Calendaring request memo*

(3.4) **PHP-HIV Health Services** – Request for approval of a retroactive contract renewal with New Leaf, in the amount of $309,138, to provide outpatient mental health and substance abuse services to people with HIV, for the period of March 1, 2000 through February 28, 2001.
(DPH contracted with New Leaf for services totaling $1,168,618 during FY 1998-99).
**Calendaring request memo, Letter from New Leaf, Monitoring Report Summary, Client Demographic Information form*

(3.5) **PHP-Immunizations** – Request for approval of a retroactive modification to the multiyear contract with Mission Neighborhood Health Center (MNHC), to reduce the annual amount to $43,471 for the second and third years, and add a fourth year in the amount of $43, 471, for the provision of clinic immunization and education services to at-risk children 0–4 years of age. The contract total with this modification equals $182,345, for the four year period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $785,357 during FY 1998-99).
**Calendaring request memo, Monitoring Report Summary, Client Demographic Information form*

4) **FOR DISCUSSION ONLY: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JUNE**
**List of Employees*

6) **FOR DISCUSSION: UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE**
**Report*

7) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION FOR AN AMENDMENT TO REPEAL AND ADOPT A NEW SECTION 16.108 TO ESTABLISH A CHILDREN'S FUND TO EXPAND SERVICES FOR CHILDREN**
**Resolution*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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MINUTES
HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JUN 2 9 2000

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, June 20, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, MSW, at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Ron Hill

On behalf of the Commission, President Guy presented a Special Certificate of Appreciation to Rita Berger (aka) Rita Rockett. Rita is one of the longest serving volunteers on the AIDS Ward at San Francisco General Hospital. She has served brunches every other Sunday to patients and staff without interruption since 1984, even through the birth of her two children. Out of her own pocket, she made dinners once a month for AIDS and cancer patients on WARD 5A. Rita is returning to her home in Ohio at the end of June.

Gene O'Connell, Executive Administrator of San Francisco General Hospital, presented a Mayor's Proclamation, a Community Health Network Certificate, and a framed photograph of San Francisco General Hospital to Rita.

President Guy made a special presentation to Mark Dolan. The City Employment Relations Division had identified three City employees with 50 years of service. One of the three is the Department's own Mark Dolan, a Laguna Honda Hospital institutional utility worker. Mark is responsible for hanging and repairing window shades for the hospital, as well as installing locks and keeping the key system straight, including a complete catalogue of 1,100 basic keys. On June 5th Mayor Brown presented a service award to Mr. Dolan at City Hall and proclaimed June 5th as "Mark Dolan Day" in San Francisco. Mr. Dolan also received recognition awards from the Board of Supervisors and the Civil Service Commission. Mr. Dolan's work ethic and dedication to the mission of the Department of Public Health exemplifies the "esprit de corps" of the Laguna Honda staff in serving its residents.

2) **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF MAY 30, 2000 AND THE REGULAR MEETING OF JUNE 6, 2000**

Action Taken: The Commission adopted the minutes of the special meeting of May 30, 2000.

Action Taken: The Commission adopted the minutes of June 6, 2000, with the correction of Commissioner Chow not being present.

3) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE** (Commissioner Lee Ann Monfredini)

(3.1) **CHN–SFGH/LHH Facilities –** Request for approval of fourteen (14) contract renewals with the following firms in the combined amount of $2,400,000, to provide intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with the vendors for services totaling $3,000,000 during FY 1998-99).

Acker & Guerrero Roof Co., Inc.	Adolph Schmidt Gen. Contractors	Agbayani Construction, Inc.
Anderson Carpet & Linoleum Sale Co.	Angotti & Reilly Inc.	Ayoob & Peery Plumbing
Baca & Sons Painting	Floortrends, Inc.	McClure Electric
Monticelli Painting & Decorating	Robert Poyas, Inc.	Sabel Painting Co.
Sierra Electric Co.	The Shooter Co.	

Commissioner Parker inquired about the areas of improvement.

(3.2) **SFGH-Health Information Systems –** Request for approval of a sole source contract renewal with Deliverex, Inc., in the amount of $275,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Deliverex for services totaling $375,000 during FY 1998-99).

(3.3) **PHP-BEHM –** Request for approval of new contract with Romic Environmental Technologies, in the amount of $100,000 per year, to provide hazardous waste management and transportation services, for a total contract value of $200,000, for the period of July 1, 2000 through June 30, 2002.

(3.4) **PHP-HIV Health Services** – Request for approval of a retroactive contract renewal with New Leaf, in the amount of $309,138, to provide outpatient mental health and substance abuse services to people with HIV, for the period of March 1, 2000 through February 28, 2001. (DPH contracted with New Leaf for services totaling $1,168,618 during FY 1998-99).

Commissioners Sanchez and Monfredini commended the contractor for its improvements over the past three years.

(3.5) **PHP-Immunizations** – Request for approval of a retroactive modification to the multiyear contract with Mission Neighborhood Health Center (MNHC), to reduce the annual amount to $43,471 for the second and third years, and add a fourth year in the amount of $43, 471, for the provision of clinic immunization and education services to at-risk children 0–4 years of age. The contract total with this modification equals $182,345, for the four-year period of July 1, 1998 through June 30, 2002. (DPH contracted with MNHC for services totaling $785,357 during FY 1998-99).

Commissioner Monfredini requested clarification on the total number of immunizations given.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

POPULATION HEALTH AND PREVENTION

Bayview Hunters' Point-HEAP Good Neighbor Project

BVHP-HEAP has commenced the 'Bayview Hunters Point Good Neighbor Project' to address the concentration of liquor stores on Third Street and the problems that occur near them. The goal of the project is to form partnerships with merchants to eliminate illegal loitering and street sales of illicit drugs in or near their stores and to add healthy foods to the merchandise they sell. On June 10, 2000, 15 people attended the Community Training on Code Enforcement and Nuisance Abatement, developed for this program. The training taught residents how to identify and report conditions that are potential hazards and violate health or safety codes. Participants heard from the Fire Department, City Planning, and the Police Department. In addition, the City Attorney's office presented an excellent overview of nuisance abatement. Residents made commitments to share the information they learned with their neighbors and to report code violations to the appropriate agency. Health Code enforcement is the focus of the next scheduled training.

HERC Community Event

The Bayview Hunters Point Health and Environmental Resource Center (HERC) held its first community event, "Your Health is a Valuable Asset: Keep It", on June 17, 2000. It was an inter-generational event with two jumping chambers to occupy the children while adults listened to health updates. Five community agencies presented reports. The Bayview Hunters Point Coalition on the Environment gave an air quality report that identified some trouble spots that will be further evaluated.

Action Point Article

The Action Point Adherence Project is described in the May issue of the American Journal of Public Health. Preliminary results show that the HIV+, urban poor participants in the project have had a significant improvement in viral markers, as well as improvement in housing and other social markers.

Resignation

Dr. Peter Forster resigned as Community Mental Health Services Medical Director effective July 15th. During Dr. Forster's three-year tenure as Medical Director he provided a strong voice for San Francisco in state and national policy matters. His enthusiasm for technology has been a bridge between clinical programs and information systems, so that the management information systems would be more responsive to our needs. Dr. Forster oversaw the complex transition to a new pharmacy benefits company and he implemented the Access and Authorization functions of the Managed Care Plan.

Dr. Katz will serve as the Interim Mental Health Medical Director until the Department is able to fill the position permanently. He looks forward to having direct contact with the physicians who oversee our mental health system.

COMMUNITY HEALTH NETWORK

Physicians Credentialing Report

SFGH Credentials Report	6/00	2000 YTD
New Appointments	22	102
Reinstatements	2	6
Reappointments	44	206
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	14	82
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	2
Voluntary Relinquishment	0	0
LHH Medical Staff Credentials		
Active Daytime	26	
Night & Weekend	6	
Consultant	12	

Commissioner Parker stated he was present at the HERC event and expressed his confidence that the HERC will be successful. He also acknowledged the presence of Larry Meredith, Ph.D., and Bob Prentice, Ph.D., at the event.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JUNE**

On behalf of the Commission, Vice President John I. Umekubo, M.D., presented the awards to the members of the Food Safety Certification Instruction Team:

Team	Division	Nominated by
Food Safety Certification Instruction Team	Population Health and Promotion, Environmental Health Section	Rajiv Bhatia, M.D., Medical Director, Environmental Health Section
Lorraine Aspiras	" "	" "
Norma Castro	" "	" "
Alice Chung	" "	" "
Jacqueline Greenwood	" "	" "
Vicki Lore	" "	" "
Eric Mar	" "	" "
Anita Ng	" "	" "
Timothy Ng	" "	" "
Phuong Nguyen	" "	" "
Lisa Palladino	" "	" "
Larry Pong	" "	" "
Oscar Quevedo	" "	" "
Imelda Reyes	" "	" "
Nader Shatara	" "	" "
Harpreet Sran	" "	" "
Ajamu Stewart	" "	" "
Nancy Yee	" "	" "

6) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE

Tangerine Brigham, Director of Policy and Planning, reviewed the recent strategic planning activities:

- Proposed implementation guidelines
- Proposed evaluation of strategic planning process
- Recent community and staff meetings on strategic planning
- An update of the strategic planning work plan, indicating progress to date, (Attachment A)

A copy of the update report is available at the Commission Office, 554-2666.

Commissioners' Comments and Questions

- How large would the implementation team be?
- Appreciative of the detailed update and the creation of other settings for input into the planning process
- Expressed concern on the timeframe to include public input on the proposed plan
- Recommended that each Joint Conference Committee of the Commission discuss the proposed plan prior to going to the full Commission; each of the Divisions would integrate its planning into one whole Strategic Plan of the Department
- Any capital improvement bond should be part of the Department's Strategic Plan

- The role of school-based clinics in any capital improvement bond should be included in the Strategic Plan
- Evaluation of the cultural competency of the Department's Civil Service programs should be incorporated into the Strategic Plan

President Guy encouraged the Department to inform the Commissioners at the Joint Conference Committees as issues emerge around the Strategic Plan.

7) **CONSIDERATION OF A RESOLUTION FOR AN AMENDMENT TO REPEAL AND ADOPT A NEW SECTION 16.108 TO ESTABLISH A CHILDREN'S FUND TO EXPAND SERVICES FOR CHILDREN**

Dr. Katz presented a proposed amendment to San Francisco's Children's Amendment, which funds various children's programs from property tax revenue. He expressed his support for the amendment and recommended to the Commission to support the amendment to the Board of Supervisors and the voters in November 2000. He also commented that the new Charter Amendment sets out the roles and responsibilities very clearly; and pointed out there has been little controversy over the administration of these funds.

Dr. Katz acknowledged Mildred Crear, R.N., Director of Maternal, Child and Health Division, and Dr. Patricia Evans, Medical Director for MCAH.

Commissioners Chow and Sanchez pointed out the importance of moving ahead with the amendment and acknowledged the creation of the Department of Children, Youth and Their Families as an important step to prioritize children and youth.

Action Taken: The Commission (Guy, Umekubo, Chow, Monfredini, Parker and Sanchez) adopted Resolution #7-00, "Supporting the Continuation of San Francisco's Children's Amendment", (Attachment B).

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:05 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

		MONTH AND YEAR																	
		1999					*2000*												
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
SUB-PHASE	*TASK*																		*STATUS*
D. Develop Proposed Strategic Approach to Financing Issues for 2000-01	D.1 Review key finance issues																		Completed
	D.2 Review federal, state and local health funding trends																		Completed
	D.3 Draft strategic approach for 2000-01 fiscal year																		Completed
	D.4 Presentation to Health Commission																		Completed 12/21/99
E. Populations and Programs	E.1 Review, modify and approve key strategic issues																		Completed
	E.2 Recommend prioritization of populations to be served																		Completed 2/15/00
	E.3 Make recommendation on appropriateness of single eligibility criteria																		Completed 2/15/00
	E.4 Make recommendations on DPH focusing on those without provider choice																		Completed 2/15/00
	E.5 Recommendation guideline to develop and prioritize services																		Complete 8/00
	E.6 Review what mandates DPH must provide, contracted out or regionalized																		Completed 2/9/00
	E.7 Recommend priority programs and services for funding along with guidelines to make decision																		Complete 8/00
	E.8 Recommend appropriate level and configuration of services																		Complete 8/00

Updated 06/12/00

Attachment A
Page 1 of 4

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

		MONTH AND YEAR																	
		1999					*2000*												
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
SUB-PHASE	*TASK*																		*STATUS*
A. Identify Strategic Planning Initiative Develop Planning Structure and Time Line	A.1 Make presentation to Health Commission	■																	Made 8/3/99; approved by HC
	A.2 Develop overall planning Process and timeline		■																Completed
	A.3 Finalize committee structure		■																Completed
	A.4 Hold orientation meeting goals, process and timeline			■															Completed
B. Review Findings of External & Internal Assessment	B.1 Review and refine external assessment – trends in health field	■	■	■															Completed
	B.2 Conduct focus groups with staff (CA, CHN and PH&P)		■	■	■	■													Completed w/i CA, CHN and PH&P
	B.3 Summarize community advisory council reports		■	■															Completed
	B.4 Review and summarize public health mandates			■	■														Completed
C. Develop Communications Plan	C.1 Define populations to reach				■														Completed
	C.2 Develop strategic planing briefing packet and materials				■														Completed
	C.3 Develop Web Site		■	■															Completed
	C.4 Develop external and internal components				■	■	■												Completed
	C.5 Develop schedule & content for community forums				■	■	■												Completed
	C.6 Develop evaluation component						■												Completed
	C.7 Steering Comm. approval of communications strategy						■												Approved 1/12/00

Updated 06/12/00

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

		MONTH AND YEAR																
		1999					*2000*											
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
SUB-PHASE	*TASK*																	*STATUS*
E. Populations and Programs (continued)	E.9 Recommend how DPH can strengthen prevention programs									■	■	■	■					Complete 8/00
	E.10 Recommend integration of physical, behavioral & social services									■	■	■	■					Complete 8/00
	E.11 Recommend methods to address demographic trends and resulting health needs										■	■	■					Complete 8/00
	E.12 Recommend disease/health issues to focus on										■	■	■					Complete 8/00
	E.13 Recommend avenues to ↑ collaboration w/ comm. and other entities										■	■	■					Complete 8/00
	E.14 Recommend better method to utilize data & evaluation to guide program planning and priority setting											■	■	■				Complete 8/00
	E.15 Develop consensus report to Steering Committee													■	■			Report to Steer. Comm. 9/00
F. Finance	F.1 Review, modify and approve key strategic issues			■	■	■	■											Completed
	F.2 Recommend approach to funding reductions							■	■	■	■	■	■					Complete 8/00
	F.3 Recommend approach to revenue enhancements							■	■	■	■	■	■					Complete 8/00
	F.4 Make recommendations on funding infrastructure needs							■	■	■	■	■	■					Completed to Health Comm. 3/21/00
	F.5 Develop recommendations on financial benchmarks							■	■	■	■	■	■					Complete 8/00

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

SUB-PHASE	*TASK*	*MONTH AND YEAR*																*STATUS*
		1999					*2000*											
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
F. Finance (continued)	F.6 Conduct financial analysis to determine whether cross-subsidization for indigent																		Complete 8/00
	F.7 Recommend approaches to blend funding for service integration																		Complete 8/00
	F.8 Recommend options to improve contracting process																		Complete 8/00
	F.9 Develop consensus report to Steering Committee																		Report to Steer. Comm.
G. Obtain Public Input	G.1 Conduct community forums for public and staff																		Continuous
	G.2 Summarize major issues and forward to committees																		Continuous
	G.3 Develop mechanism to follow-up with participants																		Completed
H. Steering Committee Develops Recommendations for Director of Health	H.1 Review, modify and approve key strategic issues																		Completed
	H.2 Review, modify and approve populations & programs recommendations							ONGOING											
	H.3 Review, modify and approve finance recommendations							ONGOING											
	H.4 Develop consensus report for Director of Health																		
I. Finalize Recommendations for DPH's Strategic Direction	I.1 Director of Health reviews, modifies, approves Steering Committee report																		
	I.2 Present proposed strategic direction to H. Commission																		

Updated 06/12/00

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-00

SUPPORTING THE CONTINUATION OF SAN FRANCISCO'S CHILDREN'S AMENDMENT

WHEREAS, in November 1991, San Francisco voters passed Proposition J – The Children's Amendment, establishing a baseline of funding for children's services, called the "Children's Fund", which is overseen by the Department of Children, Youth and Their Families; and,

WHEREAS, the Children's Fund is used solely to provide services to children less than 18 years old, and services may only include child care, job readiness, training and placement programs, health and social services (including prenatal services to pregnant women), education programs, recreation, delinquency prevention and library services; and,

WHEREAS, the Children's Fund is supported by revenues from an additional property tax levy (equivalent to an annual tax of two and one-half cents [$0.025] per one hundred dollars [$100] of assessed value), and currently allocates over $14 million annually to children's services through the annual Children's Services Plan; and,

WHEREAS, the Department receives funding from the Children's Fund to expand such services as primary care, mental health, Child Health Disability Prevention (CHDP) nursing and prenatal care to children and youth in community-based settings; and,

WHEREAS, the Children's Fund will allocate approximately $602,000 to the Department in fiscal year 2000-01; and,

WHEREAS, the Children's Amendment has resulted in increased funding dedicated to providing services to and improving the quality of life for children and youth; and,

WHEREAS, a 1996 evaluation of the Children's Fund found that both youth and parents benefited from the programs funded under the Fund, and each expressed interest in additional programs in the areas of job training/employment opportunities (youth) and increased access to health care (parents); and,

WHEREAS, the Children's Amendment and the corresponding Children's Fund was approved for a ten (10) year period that is due to sunset at the end of fiscal year 2001-02, and San Francisco voter approval is needed to continue the Children's Fund beyond that date; and,

WHEREAS, the Department strongly supports continuation of the Children's Amendment to ensure continued access to services for this vulnerable population; now, therefore, be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 7-00 (Cont'd.)

RESOLVED, that the San Francisco Health Commission supports continuation of the Children's Amendment beyond the statutory sunset of June 30, 2002; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the San Francisco Board of Supervisors to adopt an ordinance placing continuation of the Children's Amendment on the November 2000 ballot for San Francisco voter consideration.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of June 20, 2000.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Roma P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

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Website: http//www.dph.sf.ca.us

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MEETING NOTICE

FOR

HEALTH COMMISSION MEETINGS IN JULY AND AUGUST 2000

The regular Health Commission meetings for July and August will be:

Wednesday, July 5, 2000

Tuesday, July 18, 2000

Tuesday, August 15, 2000

(Only one meeting in August. No meeting on August 1, 2000)

3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

Note: The Budget Committee will meet at 2:00 p.m.

Posted April 2000

Roma P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
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Commissioner

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AGENDA

HEALTH COMMISSION MEETING

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JUN 2 9 2000

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July 5, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:45 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE REGULAR MEETING OF JUNE 20, 2000**
**Minutes of June 20, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN–SFGH and LHH –** Request for approval of three (3) contract renewals with the following firms in the combined amount of $1,700,000, to provide supplemental, temporary nursing

personnel for the period of July 1, 2000 through June 30, 2001. (DPH contracted with the vendors for services totaling $2,025,000 during FY 1999-2000).

HRN Services, Inc.
Nurse Providers, Inc
The Registry Network

**Calendaring request memo, Unit of Service Definition pages*

(3.2) **PHP-Health Promotion and Prevention** – Request for approval to accept and expend $450,000 in funds from the State Department of Health Services, Maternal and Child Health Branch, for the prevention of domestic violence, for the period of July 1, 2000 through June 30, 2003.
**Calendaring request memo, Grant application information form, Budget forms*

4) **FOR DISCUSSION: DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION: UPDATE ON THE STATE BUDGET FOR FY 2000-01**

6) **FOR DISCUSSION: ONE YEAR EVALUATION OF THE HEALTHY WORKERS PROGRAM**

7) **OTHER BUSINESS/PUBLIC COMMENTS****

8) **CLOSED SESSION:**

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $30,000 IN RABAH V. CCSF AND FAMILY SERVICE AGENCY OF SAN FRANCISCO ET AL, SUPERIOR COURT CASE NO. 304867

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: www.ci.sf.ca.us.

Roma P. Guy, M.S.W.
President

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100

HEALTH COMMISSION

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MINUTES
HEALTH COMMISSION MEETING

Wednesday, July 5, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President John I. Umekubo, M.D., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE REGULAR MEETING OF JUNE 20, 2000

Action Taken: The Commission adopted the minutes of the meeting of June 20, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

(3.1) **CHN–SFGH and LHH** – Request for approval of three (3) contract renewals with the following firms in the combined amount of $1,700,000, to provide supplemental, temporary nursing personnel for the period of July 1, 2000 through June 30, 2001. (DPH contracted with the vendors for services totaling $2,025,000 during FY 1999-2000).

HRN Services, Inc.
Nurse Providers, Inc
The Registry Network

Commissioner Hill recommended approval for the contract for Nurse Providers, Inc. and approval for the other two contractors, contingent upon receiving their monitoring reports.

Commissioner Parker noted that the pool of nursing registries has decreased.

(3.2) **PHP-Health Promotion and Prevention** – Request for approval to accept and expend $450,000 in funds from the State Department of Health Services, Maternal and Child Health Branch, for the prevention of domestic violence, for the period of July 1, 2000 through June 30, 2003.

At the full Commission, on #3.1, Commissioner Umekubo inquired about the measurement of competency levels of the nursing contractors. For #3.2, he emphasized in the area of domestic violence prevention the importance of language capacity for the Asian community; and he requested an impact report upon completion of the grant.

Commissioner Chow encouraged the Department to coordinate and collaborate with existing domestic violence programs in the Asian community.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the specific contingency for #3.1.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION
Fiscal Year 2000-01 Budget
The Finance Committee of the Board of Supervisors held budget hearings on June 21 and 28. The Budget Analyst initially proposed budget cuts totaling over $3.5 million in salaries and fringe benefits. However, through negotiations with Department staff and recommendations of Finance Committee members, the final cut was just over $100,000. This cut was for delayed hiring of MCH and LHH positions. In addition, reserves were placed on 1/3 of overtime and workers compensation expenses, as well as for inpatient psych at SFGH.

As in past years, the Finance Committee added back funding for new and existing programs. DPH received a total of $5.7 million in add back funding and technical adjustments. The full Board is scheduled to approve the FY 00-01 budget later this month.

Funding added back to the DPH budget includes:

Excelsior Clinic for Women & Children	$ 150,000	One-time funding
NICOS – Gambling Prevention	65,000	One-time funding
Community Health Institute Acupuncture Clinic	237,000	One-time funding
Hospitality House	20,000	One-time funding
RAMS – Children's Mental Health	63,000	One-time funding
TOD – Asian Pacific Islander Women	70,000	One-time funding
Peer-based Mental Health Treatment	100,000	One-time funding
Homeless Queer Youth Services	200,000	One-time funding
Circle of Care Collaborative	75,000	One-time funding
New Leaf Mental Health	75,000	One-time funding
TOD – Samoan Family Focus	100,000	On-going funding
Women's Community Clinic	50,000	One-time funding
Children's Mental Health – Parent Helpline	67,000	One-time funding
Central American Resource Center – Health/Dental	90,300	One-time funding
SF AIDS Foundation – Rent Subsidies	200,000	One-time funding
Native American AIDS	150,000	On-going funding
Mission SRO Collaborative	245,000	One-time funding
Chinatown SRO Collaborative	250,000	One-time funding
Wage Increase for Non-Profits	1,949,210	Technical adjustment
Community Mental Health Enhancements	1,000,000	Technical adjustment
CHN/SFGH Bond Preparation	261,000	Technical adjustment
Capital Expansion of Tom Waddell Clinic	254,000	Technical adjustment
	$ 5,671,510	

Dr, Katz thanked DPH budget staff including Monique Zmuda, Anne Okubo, Nelly Lee, Michelle Ruggels, Dick Acken, Carlos Villalva, Larry Kuester, Jim Stillwell, and Brenda Walker for the many long hours, detailed analysis, and perseverance in this long budget process.

POPULATION HEALTH AND PREVENTION

HIV Study

Last week both local and national press attention was focused on a study conducted by the Seroepidemiology and Surveillance Branch of the San Francisco Department of Public Health, AIDS Office. The study was based on using a new technique called detuning to identify HIV antibody positive blood samples from persons who have recently seroconverted. The testing from the anonymous testing sites (ATS) showed that the HIV incidence among men who have sex with men (MSM) increased from 1.3 in 1997 to 2.6 in 1998 to 3.7 in 1999. This is an almost tripling in the HIV incidence rate. The data are important because DPH and other health departments have reported for some time now increases in the rate of male rectal gonorrhea and increases in reports of unsafe sex. There are limitations of the data. Although we saw significant increases in HIV incidence among the HIV counseling and testing participants we did not see similar increases among MSMs seen at the STD Clinic during the same time period. The STD sample was smaller and DPH is currently investigating differences in the sampling that may explain these differences.

There are many hypotheses as to why there is more unsafe sex behavior. These hypotheses include people are less frightened of contracting HIV/AIDS because of the improved treatment; people are fatigued from several years of HIV prevention efforts; increases in substance use among MSM are fueling the epidemic; and, younger MSMs have not fully heard the HIV prevention message.

The problem with all of these explanations and others offered is that sexual behavior is an extremely complex issue. No one thing determines why people have safe or unsafe sex. Two immediate risks from such data are that people will blame men who have sex with men for being irresponsible or they will blame HIV prevention efforts for not being effective. Neither is an appropriate response.

Gay men have been hard hit by the epidemic, psychologically, socially, and spiritually, by the loss of so many persons. Were it not for the existing HIV prevention efforts it is quite possible that infection rates would be even higher in San Francisco. Nonetheless, because the advent of protease inhibitors and triple combination therapy have profoundly changed the HIV/AIDS landscape, DPH needs to think more about what are the most effective methods of prevention in these times. Dr. Katz expects that there will be more releases of data like this one at the Durban International Conference and subsequently. Dr. Katz will be working with researchers like Drs. McFarland, Schwarcz, Buchbinder and our HIV Prevention Section headed by Steve Tierney to forge an appropriate response to this data. Dr. Katz will have a full presentation to the Commission in the Fall; and he will bring policy issues to the Commission.

State Passes SB 648: Antibiotics for Chlamydia Partners

On Tuesday, June 27, 2000, the State Assembly Health Committee passed SB 648, the bill sponsored by the Health Officers Association and the California Medical Association (CMA), and put forward by Senator Ortiz-D (Sacramento), which will allow physicians to legally prescribe antibiotics to partners of patients with chlamydia without an examination. This is an important step forward for chlamydia prevention and control in California and should reduce both the spread of chlamydia in the City as well as prevent the serious complications that can result from chlamydia infection.

Early Intervention Initiative

In response to the concern of the growing rates of HIV in the African American community, the AIDS Office HIV Health Services Section applied to the State Office of AIDS and was awarded funding for a new Early Intervention Program (EIP) for the Bayview Hunters Point (BVHP) neighborhood. The EIP program, located at the Department's Southeast Health Center, is operational and enrolling clients. They have exceeded their projected unduplicated client count to date. This program is unique in that it provides medical evaluation and treatment, case management and health education services to HIV positive persons. Southeast Health Center staff have formed a coalition with community providers such as the Black Coalition on AIDS, the NIA Multi-Service Center (a project of California AIDS Intervention Training Center/Institute for Community Health Outreach), and the BVHP Foundation to round out the continuum of care in the BVHP with prevention, STD/HIV testing, mental health, substance abuse, outreach and adherence services. Annual funding for this program is $350,000. The Program Manager is Joseph Cecere.

COMMUNITY HEALTH NETWORK

Response to Chronicle Chaplaincy Story

Last week's Chronicle news feature "This Little Light" examined the SFGH Chaplaincy Service and offered a powerful picture of chaplains Bob Walter and Mary Jo Chalmers. According to the reporter, Manny Fernandez, the newspaper received a tremendous response from the public with more than 50 e-mails lauding the feature. Bob Walter reported that he has received nearly 20 inquiries from people interested in becoming volunteer chaplains.

Medical Staff Honors -- 2000

Renee Navarro, MD, was named chief-elect, a post she will hold until July 2001 when she assumes the position of chief. A UCSF associate professor of anesthesiology, Dr. Navarro was appointed to the UCSF faculty in 1990 and has been based at SFGHMC since. She currently serves as chair of the

SFGHMC Medical Risk Management Committee, Chair of the Operating Room Committee, Medical Director of the PACU, and on the Admissions Committee for the UCSF School of Medicine. She is a former Acting Chief of the SFGHMC Anesthesia Service. In 1996, she was selected by Alpha Omega Alpha medical honorary as outstanding UCSF alumna of the year.

Upcoming Summer Fairs

The summer always provides us with a flurry of street fairs to promote the CHN and our prevention messages. Following is a partial list of upcoming events. If any of the Commissioners are in the location of these health fairs, please feel free to drop by the Department's booth.

July 8	6th Annual Potrero Hill Jobs and Health Fair
July 14	Central American Resource Center Neighborhood Health Fair (CARECEN)
July 29-30	Third Street Fair

Commissioner Chow inquired about the potential impact on public health from the one-day strike ate St. Mary's Medical Center, St. Francis Hospital and Seton Medical Center. Dr. Katz reported from a public health perspective, there would not be much impact; and the ER should not be affected.

Commissioner Umekubo commended Dr. Katz and the Finance staff in all of the Divisions for their services with the Department budget for FY 2000-01.

5) UPDATE ON THE STATE BUDGET FOR FY 2000-01

Tangerine Brigham, Director of Policy and Planning, provided an update on the State budget for FY 2000-01, indicating changes since the Governor signed the budget on June 30, 2000. The total budget is 99.4 billion, an 18% increase over last year's budget. For more information, contact the Commission Office. Health-related items included Medi-Cal, the Aging with Dignity Initiative, Public Health, Behavioral Health, and Healthy Families.

Ms. Brigham pointed out the State budget is consistent with the Commission priorities by doing the following:

- Increases public health funding for core infrastructure
- Increases funding for mental health services
- Increases funding for children and youth services and programs
- Does not lower reimbursement rates for skilled nursing facilities
- Reduces the Medi-Cal DSH administrative fee
- Increases Medi-Cal rates
- Expands health insurance through Medi-Cal

The proposed budget does not:

- Allocate substantial increased State General Fund to substance abuse or HIV/AIDS services, and

- Does not eliminate the expenditure cap for skilled nursing services to undocumented persons

Commissioners' Comments:

- The budget, in general, has improved; the Department has more gains than setbacks
- The additional funds to create a non-names based HIV reporting system is consistent with the Commission's policy
- Expressed concern on any impact on skilled nursing services to undocumented persons
- Rate increases for nursing facilities are positive for long term care

Commissioner Umekubo commended Dr. Katz and his staff for their work on the State budget, much of the work being accomplished with State elected officials from San Francisco.

Dr. Katz thanked Monique Zmuda, Anne Okubo, Ken Jensen, Nancy Arata and Brenda Walker for their fiscal expertise.

6) ONE YEAR EVALUATION OF THE HEALTHY WORKERS PROGRAM

Dr. Katz gave an overview of a one-year evaluation of the Healthy Workers Program, (Attachment A).

As part of Dr. Katz's commitment to universal health care, he would like to see how the Healthy Workers model can help towards providing universal health insurance coverage in the City and County of San Francisco.

Commissioners' Questions/Impressions:

- What are the true costs for the actual delivery of services?
- Raises the question of capacity. Was there truly excess capacity?
- This is an example of looking at better ways to serve indigents
- Raised the issue of out-of-network expenses
- Because the data is for the first year and the population is small, it is difficult to analyze the data. Need to look at a stable population
- As part of the Department's Strategic Planning, the Department would move towards universal health care
- This model is the principle of taking dollars spent on health care and channeling them to a health insurance plan
- Pleased with the complete data from this new program
- This model is a new way to improve health care coverage

Dr. Katz thanked the Commission for their comments. The Department will continue to analyze the data to work towards a universal health care plan.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

B. **VOTE ON WHETHER TO HOLD A CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)**

Action Taken: The Commission voted to hold a closed session.

Closed session began at 5:32 p.m. Individuals present in the closed session were Commissioners Umekubo, Chow, Hill and Parker, Dr. Katz and Sandy Mori.

C. **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

PROPOSED SETTLEMENT OF $33,000 IN RABAH V. CCSF AND FAMILY SERVICE AGENCY OF SAN FRANCISCO ET AL, SUPERIOR COURT CASE NO. 304867

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission approved the proposed settlement of $33,000

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

Date: June 29, 2000

To: President Roma Guy
and Members of the Health Commission

From: Mitchell H. Katz, MD
Director of Health

Subject: Evaluation of Healthy Workers Program

Attached please find an evaluation of the Healthy Workers Program at one year. The program has been a tremendous benefit to San Francisco by providing health insurance coverage to a group of low-income workers who perform a vital function. The program has successfully drawn down federal dollars that would otherwise have been unavailable to the City/County. The program is also an example of how powerful a collaborative model between the Department of Social Services, the IHSS Authority, the Department of Health, the San Francisco Health Authority/Plan, and SEIU Local 250 can be. In addition to the staffs of these respective agencies, a special thanks goes to Commissioner Parker who, as a member of both the IHSS Authority and the Health Commission, was the leadership behind this initiative.

Although, I am very proud to present the success of the Healthy Workers program, my major motivation in preparing this report for you is to use the program as an example of how we can go forward with a universal health insurance program as envisioned by Mayor Brown, the Blue Ribbon Committee, and the Health Commission. As you will see, the first year's experience with Healthy Workers shows the advantages, the obstacles, and the costs to providing universal health insurance coverage.

In preparing this report, I relied on data supplied by Joanne Burick, Yvonne Lowe, Janie Tyre, Alan Pardini, Tangerine Brigham, and Rick Zawadski. I am very grateful to them.

(15) 554-2600 101 Grove Street San Francisco, CA 94102-4593

EVALUATION OF THE SAN FRANCISCO HEALTHY WORKERS PROGRAM: IMPLICATIONS FOR UNIVERSAL HEALTH INSURANCE COVERAGE

Background

The Healthy Workers program was designed to provide health insurance coverage for in-home support service (IHSS) workers. This report reviews the creation of the Healthy Workers program, the financing assumptions underlying the creation of the health insurance program, the scope of benefits, and the structure of the health insurance initiative. We also provide detailed information on the first year of operation, including the number of enrollees, their characteristics, their utilization of health services, and the cost of the program.

This evaluation is important for measuring the success of a major policy initiative of the Health Commission. Moreover, the Healthy Workers program serves as a prototype of a locally subsidized health insurance product for low-income workers. Therefore, there are many important lessons that can inform our design of additional initiatives to increase insurance coverage for low-income persons.

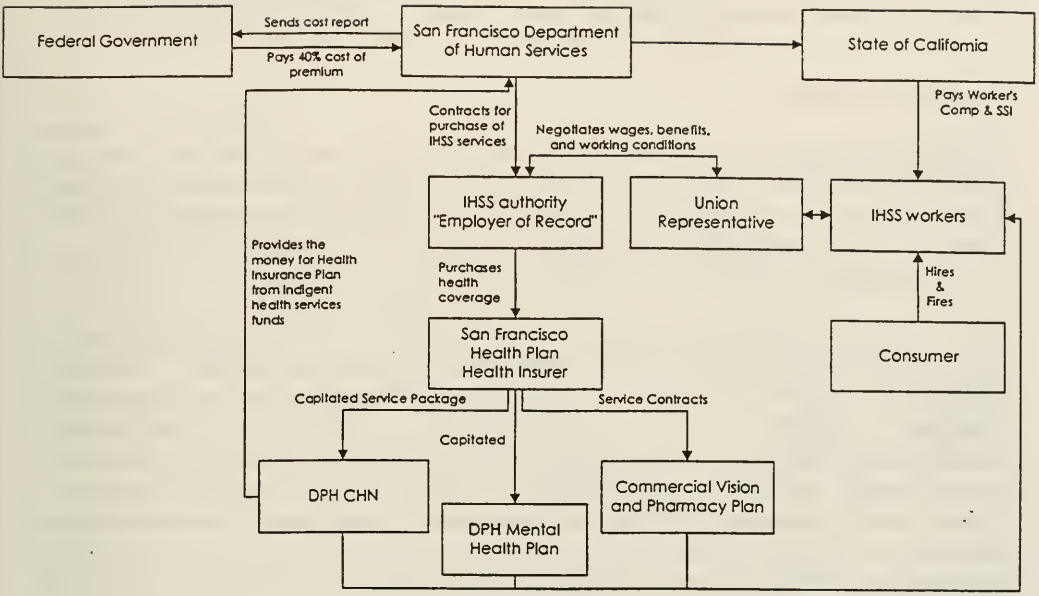
Creation of Healthy Workers Program

IHSS workers

There are approximately 8,000 IHSS workers in San Francisco. IHSS workers perform attendant level home care services (e.g., dressing, bathing) for elderly and disabled persons. They are primarily middle-aged women, who work less than full-time for low wages without health care benefits.

IHSS workers have an unusual employment relationship. They are independent contractors (can be hired and fired) of the recipients of their services. However, their employer of record is the IHSS Public Authority, a group established by the county board of supervisors, to support the delivery of IHSS services in San Francisco. The Authority negotiates the wages, benefits, and work conditions of IHSS workers with their union representatives (Service Employee International Union, Local 250). The State of California pays the salary, Worker's Compensation, and Social Security costs. (These relationships are shown schematically in Figure 1.)

Figure 1


Federal Government
Sends cost report
Pays 40% cost of premium
San Francisco Department of Human Services
State of California
Pays Worker's Comp & SSI
Contracts for purchase of IHSS services
Negotiates wages, benefits, and working conditions
IHSS authority "Employer of Record"
Union Representative
IHSS workers
Provides the money for Health Insurance Plan from indigent health services funds
Purchases health coverage
Hires & Fires
San Francisco Health Plan Health Insurer
Consumer
Capitated Service Package
Service Contracts
Capitated
DPH CHN
Commercial Vision and Pharmacy Plan
DPH Mental Health Plan

Prior to the creation of this program, health insurance was not provided as a benefit. A voluntary survey of IHSS workers, conducted prior to the development of the program, showed that only 49.2% were covered by some form of health insurance. However, because only 11% of IHSS workers returned the survey, the generalizability of the data to the total pool of IHSS workers was questionable.

Key Financing Assumptions

Providing medical care for persons with no insurance is, by State law, the responsibility of the County. This is important because it meant that the County was already paying for medical care for a large proportion of IHSS workers and could therefore set aside dollars within the Health Department budget explicitly for this purpose.

As a new expense, 60% of the cost of the program would have been prohibitive for the County. However, because the majority of IHSS workers are uninsured, it was assumed that they would already be receiving care at one of the County Health Department sites. Therefore, the County Health Department set aside dollars

within the Health Department explicitly for this purpose. The hope was that a very high percentage of these dollars would be returned to the Health Department in the form of capitated payments from the health insurer.

Scope of benefits

To be eligible for health insurance, IHSS workers had to work 25 or more hours per month and complete a sixty-day waiting period. IHSS workers were asked to pay $3.00 per month for coverage. The share of premium cost was designed not to discourage uninsured IHSS workers from enrolling in the program but at the same time discourage persons with insurance from opting out of their coverage.

The scope of benefits was designed to be comparable to that provided by Health Plan of California. Benefits included outpatient and inpatient medical, surgerical, diagnostic, and rehabilitative care, outpatient and inpatient mental health services, pharmacy, and vision services. Family planning, health education, hearing examinations, home health services, medical supplies, podiatry, pregnancy, and skilled nursing services are also provided. Dental benefits are provided through a direct contract between IHSS and a commercial dental plan; since the dental benefits were not part of this insurance project, we do not describe them further in this report.

Structure of the health insurance program

To provide the health insurance coverage the IHSS authority contracted with the San Francisco Health Authority, a Knox-Keene licensed health plan that had been created by the County in response to a State mandated managed care initiative for recipients of CalWORKs (formerly known as AFDC). (This is shown on Figure 1). The premium was set at $146.43 per member per month (pmpm) based on a statewide commercial data base of a demographically similar population adjusted based on the experience of a local provider. IHHS workers pay $3.00 per month of the premium costs.

To provide the health services, the Health Authority contracted with DPH on a capitated basis ($104.20 pmpm or 71% of premium) for all services except pharmacy, vision services, and outpatient mental health services. The Health Authority paid $16.11 pmpm (11% of premium) for a pharmacy plan, $ 4.39 pmpm (3% of premium) for a commercial vision services plan, and $ 4.39 pmpm (3% of premium) for provision of mental health services through the County system. The administrative expense (including stop loss insurance) for the Health Authority was $ 17.57 pmpm (12% of premium). (See Table 1 below)

Table 1

CHN Office of Managed Care
Analysis of Healthy Workers Program - 1st Year (3/1/99 - 2/29/00)

Flow of Premium Dollars					
Member Months (12 mos)					24,148
Premium Rate Per Member Per Month				$	146.43
Gross Revenue Generated				$	3,535,992
Less: SFHP Admin Fee and Carve Outs					
SFHP Admin	10%	$	(353,527)		
Pharm	11%	$	(373,811)		
Vision	3%	$	(116,152)		
MH	3%	$	(115,910)		
SFHP Stop Loss	2%	$	(60,370)		
				$	(1,019,770)
Capitation Revenue to SFGH and CPG				$	2,516,222
Less: Stop Loss	1%			$	(38,610)
Capitation Paid to SFGH and CPG	70%			$	2,477,612
	100%				

The cost of providing the health insurance (the premium X member months) was claimed as part of the federal cost report and reimbursed by the Federal government at a rate of 40%. The remaining 60% of the premiums were paid for by the County. In addition to the $3.00 per month share of premium cost, co-payments for Healthy Workers participants are $5.00 for proprietary medications, $3.00 for generic medications, $3.00 per outpatient mental health outpatient visit, $20.00 per out of network Emergency Department visit, $10.00 per vision care examination, and $25.00 for a pair of glasses. There were no co-payments for outpatient or inpatient medical services.

The Department of Public Health agreed to assume financial responsibility for out-of-county care, for cases of retroactive disenrollment, failure of the IHSS authority to pay the premium, and extension of benefits as required by the Knox-Keene Act.

Marketing/Outreach for the Plan

To inform IHSS workers about the development of the health insurance product, a packet of Healthy Workers materials in multiple languages was mailed to over 8,000 IHSS workers who were deemed potentially eligible for coverage (worked 25 hours or more per month for two successive months) on two occasions approximately eight weeks apart. In addition, six community presentations for IHSS workers were

conducted in multiple languages. Approximately 400 IHSS workers attended these meetings. Also, information about Healthy Workers was provided through SEIU union meetings and publications, as well as at housing facilities and nonprofit organizations serving IHSS clients. Finally, a press conference was held with the Mayor and other local government leaders.

First year experience with the IHSS Health Plan

The program became operational on March 1, 1999. As of June 28, 2000, 2,932 persons had enrolled in the Health Plan.

The characteristics of the enrolled individuals compared to those who did not enroll is shown on Table 2.

Table 2

San Francisco Healthy Workers Program
Health Coverage Demographics

	Potential IHSS eligible workers		Enrolled		Not Enrolled			
	N	%	N	%	N	%	OR (95% CI)	P value
Total	7713	100%	2932	38.0%	4781	62.0%	—	—
Gender*								
Male	2072	26.6†%	728	35.1%	1344	64.9%	0.85 (0.76–0.94)	.002
Female	5605	72.6%	2188	39.0%	3417	61.0%	1.0 (ref)	—
Age								
Under 45	3155	40.9%	1013	32.1%	2142	67.9%	0.55 (0.50–0.61)	<.001
45 – 65	3989	51.7%	1844	46.2%	2145	53.8%	1.0 (ref)	—
Over 65	569	7.3%	75	13.2%	494	86.8%	0.18 (0.14–0.23)	<.001
Language*								
English	3739	48.4%	1109	29.7%	2630	70.3%	1.0 (ref)	—
Spanish	428	5.5%	162	37.9%	266	62.1%	1.44 (1.17–1.79)	<.001
Russian	1734	22.4%	668	38.5%	1066	61.5%	1.49 (1.32–1.68)	<.001
Chinese	1612	23.4%	993	61.6%	619	38.4%	3.80 (3.36–4.31)	<.001

* Gender was unknown for 36 workers and language was unknown for 200 workers.

As you can see, women were significantly more likely to enroll than men. Persons under 45 were less likely to enroll than persons 45-65 years of age. Persons 65 years and older were the least likely to enroll, almost certainly because the vast majority were eligible for Medicare.

Compared to persons who spoke English, those who spoke Spanish, Russian and Chinese were more likely to have enrolled. Chinese speakers had a rate of enrollment that was almost twice that of English speakers.

On Table 3, I have broken down the not enrolled group into those who were ineligible, those who declined, those for whom the application was incomplete, and those who did not respond to our mailings. As you can see, the majority of people who were not enrolled did not respond to our mailings and it was therefore impossible to know from this data why they chose not to enroll.

Table 3

San Francisco Healthy Workers Program
Health Coverage Demographics

	Potential IHSS eligible workers			Not Enrolled							
		Enrolled		Ineligible		Declined		Incomplete		No Response	
	N	N	%	N	%	N	%	N	%	N	%
Total	7713	2932	38.0%	571	7.4%	557	7.2%	46	0.6%	3607	46.8%
Gender*											
Male	2072	728	35.1%	164	7.9%	142	6.9%	10	0.5%	1028	49.6%
Female	5605	2188	39.0%	406	7.2%	412	7.4%	36	0.6%	2563	45.7%
Age											
Under 45	3155	1013	32.1%	226	7.2%	200	6.3%	13	0.4%	1703	54.0%
45 – 65	3989	1844	46.2%	318	8.0%	282	7.1%	28	0.7%	1517	38.0%
Over 65	569	75	13.2%	27	4.7%	75	13.2%	5	0.9%	387	68.0%
Language*											
English	3739	1109	29.7%	299	8.0%	315	8.4%	25	0.7%	1991	53.2%
Spanish	428	162	37.9%	30	7.0%	26	6.1%	4	0.9%	206	48.1%
Russian	1734	668	38.5%	76	4.4%	130	7.5%	3	0.2%	857	49.4%
Chinese	1612	993	61.6%	166	10.3%	86	5.3%	14	0.9%	353	21.9%

* Gender was unknown for 36 workers and language was unknown for 200 workers.

To learn more about why eligible IHSS workers did not enroll in Health Workers, the Health Authority performed a random telephone survey of IHSS workers who did not enroll in the Plan by August of 1999. Three hundred and sixteen interviews were conducted in English, Spanish, Russian, and Chinese. Of those persons who did not enroll, 81% were already covered by a health insurance policy. Of those with health insurance, 40% had an HMO, 26% had MediCal, and 15% had Medicare. Sixty-one percent of respondents remembered getting an information package

describing the Healthy Workers program. Ninety percent of those who read any of the material said that it was clear and understandable.

Of the respondents who did not enroll, the most common reason was they already had health insurance (50%). Other common reasons were that they didn't want to change doctors (4%), never had time to respond/too busy (4%), still thinking about it (4%), and got free/low cost care already (3%).

Utilization of Services

As can be seen below, utilization rates were high for health workers members, indicating pent up need and chronic illnesses. The overall impression of our providers was that IHSS workers tended to have a number of chronic medical conditions including diabetes, hypertension, and arthritis.

Table 4

Utilization Data (3/1/99 through 2/29/00)

Total Potential Users	- 2,691		Total Member Months – 24,148
Total Actual Users	- 1,486	(55%)	
Primary Care Encounters	- 6571		3265/1000 Member Months
Specialty Care Encounters	- 2856		1419/1000 Member Months
Total Encounters	- 9427		4685/1000 Member Months

Experience With Actual Users:

		Outpatient Visits Per Month
March Enrollees	8.7 outpatient encounters in 12 months	.73
April Enrollees	8.4 outpatient encounters in 11 months	.76
May Enrollees	6.6 outpatient encounters in 10 months	.66
June Enrollees	5.9 outpatient encounters in 9 months	.65

Inpatient Utilization Data (3/1/99 through 2/29/00)

Hospital Admission		- 69	34.3/1000 Member Months
Acute	60		
OB	3		
SNF	6		
Hospital Days		- 366	181.9/1000 Member Months
Acute	246		
OB	8		
SNF	112		

Mental Health Utilization (March 5, 1999 and April 28, 2000)

41 HW members used services. There were three distinct groups of utilization:

6 of these members used 439 units or 73.2 units per client.

17 members used 387 units or 22.7 units per client.

18 members used 65 units or 8.1 units per client.

Costs of Program

In the first year of operation, 2,691 IHSS workers were covered. The total member months were 24,148. In-network expenses were $1,871,007 and out-of-network expenses were $66,790, for a total expense of $1,937,797 (Table 5). As the available capitation payment was $2,477,611, the net capitation revenue was $578,425. However, DPH put up $2,166,595 of indigent dollars to fund the program. Thus, the cost of the program to DPH was $1,588,170.

Table 5

Costs of Healthy Workers Program		
Revenues:		
Capitation Received CPG & Hospital	$2,516,222	($104.20 x 24148 memb months)
Minus Stop Loss Insurance	(38,610)	($1.60 x 24148 memb months)
Capitation Available for DPH CHN	$2,477,611	
Expenses:		
In-Network Expense	($1,871,007)	
Out-of-Network Expense	($66,790)	
Transfer to DHS	($2,166,595)	
Total Expenses	$4,104,392	
Difference Between Revenue & Expenses	($1,588,170)	

Were IHSS workers already receiving care at DPH?

Of the 2,691 members who were enrolled during the first 12 months of the program, 636 or 24% had received care at CHN during the prior 12 months. We have not yet completed the cost analysis of these members in the prior 12 months of the program. If we assume that their use is similar (in cost) to their use once joining Healthy Workers and we assume that their use once joining Healthy Workers is typical of the other Healthy Workers in the plan, we would allocate 24% of the total medical costs

to them or $465,071 ($1,937,797 X .24). This would reduce the true (new) cost of the program to: $1,123,099 ($1,588,170 - $465,071).

A more likely assumption is that they are heavier users than other members (since we know they were already receiving medical care in the prior year). However, even if we assume that their care is twice as expensive as the care of the other members, the true cost of the program is still $658,028 ($1,588,170 - $930,142). We also need to determine what the pharmacy costs were for these patients prior to their joining Healthy Workers, as this is another cost we would have paid for and within Healthy Workers these costs are subsumed within the pharmacy benefit.

Important Lessons of the Healthy Workers Program

1. Enrollment was lower than expected. To date, a little over a third of IHSS workers have enrolled in the program. The major reason for members not enrolling, however, was that they have insurance. This is a positive finding because the reason for creating a subsidized program is for uninsured persons, not for persons who already have a type of insurance coverage.

2. Persons whose primary language was Spanish, Russian, or Chinese, were more likely than Caucasian persons to enroll in the program, probably because they were less likely to have insurance. This also suggests that outreach and marketing of the program were culturally competent.

3. An unexpected benefit of the Healthy Workers program is that many IHSS workers learned that they were eligible for Medical, which at low levels of income is a no-cost program to the recipient.

4. Utilization of medical services was higher than was expected for IHSS workers and there was a higher than expected prevalence of chronic illness.

5. Less than a fourth of IHSS workers covered in the plan had received care at the CHN previously. This finding has tremendous significance because it means that we were not previously spending a very high percentage of indigent dollars on this population. Conversely, the program turned out to have significantly new costs to DPH. We need to do further analyses on actual costs in the year prior to enrollment for those Healthy Workers who had previously received care at CHN. But it appears that we were not able to keep the costs of the entire program to the additional federal dollars provided by the 40% match. On the other hand, to the extent that these IHSS workers were not receiving medical care, our program succeeded in improving access to health care.

Ronna P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner
8/00

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

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JUL 13 2000

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AGENDA

HEALTH COMMISSION MEETING

July 18, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE REGULAR MEETING OF JULY 5, 2000
**Minutes of July 5, 2000*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH** – Request for approval of a proposed ordinance to revise patient rates for the Department of Public Health for FY 20000-01.
**Calendaring request memo, Patient rate charts, Memo to L. Yee, Memo to Board of Supervisors and Ordinance*

(3.2) **CHN-SFGH Facilities** – Request for approval of resolution to approve a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital for the period of July 1, 2000 through June 30, 2002.
**Calendaring request memo, Resolution, Letter from Controller, Prop J questionnaire*

(3.3) **CHN–SFGH & LHH –** Request for approval of a contract renewal with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP in the amount of $150,000, for the provision of as-needed, specialized health care legal services to the Community Health Network, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Hanson for services totaling $180,000 during FY 1999-00).
**Calendaring request memo, Monitoring report*

(3.4) **CHN–SFGH & LHH –** Request for approval of three (3) retroactive contract renewals with the following firms, in the combined amount of $175,000, to provide intermittent, as-needed rehabilitation therapy personnel (Physical, Occupational and Speech Therapists) for the Community Health Network, for the period of July 1, 2000 through February 1, 2001. (DPH contracted with the vendors for services totaling $317,650 during FY 1999-00).

On-Call Therapists
Preferred Therapy Registry
PT and OT Registry, Inc.

**Calendaring request memo, Unit of Service Definition pages, Monitoring Reports*

(3.5) **CHN–SFGH –** Request for approval of a new retroactive contract with Dobri D. Kiprov, MD, a professional corporation dba Bay Area Mobile Apheresis Program, in the amount of $215,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis services (in which a patient's blood is collected using automated FDA approved devices, separated into its components and filtered), for the period of July 1, 2000 through June 30, 2002.
**Calendaring request memo, Letter to Health Commission*

(3.6) **CHN–SFGH –** Request for approval of a new contract with Asereth Medical Services, Inc., in the amount of $650,000, for as-needed, supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $1,066,000 during FY 1999-00).
**Calendaring request memo, Monitoring Report, HRC6 form*

(3.7) **CHN–SFGH Medical Staff Services –** Request for approval of a sole source contract renewal with Medical Staff Services Registry, Inc. (MSSR), in the amount of $54,000, to provide as-needed credential verification services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with MSSR for $45,000 during FY 1999-00).
**Calendaring request memo, Monitoring report*

(3.8) **CHN–SFGH Radiology –** Request for approval of a retroactive contract modification and a contract renewal with The Registry Network, Inc., to provide intermittent, as-needed, professional radiology technologists with on-call availability 7 days a week, in the amount of $55,000 for a modification for the period of July 1, 1999 through June 30, 2000 and $173,000 for a contract renewal for the period of July 1, 2000 through June 30, 2001, for a total value of $328,600 for the two-year period. (DPH contracted with Registry Network for services totaling $100,000 during FY 1999-00).
**Calendaring request memo, Monitoring report*

(3.9) **PHP-CHS –** Request for approval of a retroactive contract renewal with Family Service Agency (FSA) in the amount of $181,643 to provide HIV mental health services, for the period of March 1, 2000 through February 29, 2001. (DPH contracted with FSA for services totaling $4,727,179 during FY 1999-00).
**Calendaring request memo, Monitoring report & responses, Letter from FSA, Client Satisfaction Survey Analysis*

(3.10) **PHP-CHS –** Request for approval of a retroactive contract renewal with San Francisco Food Bank (SFFB) in the amount of $96,416, to provide food solicitation services, for the period of March 1, 2000 through February 28, 2001. (DPH contracted with SFFB for services totaling $97,220 during FY19 99-00).
**Calendaring request memo, Monitoring report, Letter from SFFB, Client Demographic Information form, Monitoring Progress Report*

(3.11) **PHP-CMHS –** Request for approval of a new contract with West Bay Pilipino Multi-Service Center in the amount of $140,300 to develop a culturally responsive family intervention model for mental health and substance abuse services, for the period of July 1, 2000 through September 30, 2001.
**Calendaring request memo, List of Board of Directors, Flyer*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JULY**
**List of awardees*

6) **FOR DISCUSSION AND ACTION:** **CONSIDERATION OF A RESOLUTION DELEGATING AUTHORITY TO THE DIRECTOR OF PUBLIC HEALTH TO ACT ON LAGUNA HONDA HOSPITAL MEDICAL STAFF RECOMMENDATIONS CONCERNING MEDICAL STAFF APPOINTMENTS, REAPPOINTMENTS, TERMINATION OF APPOINTMENTS, AND THE GRANTING OR REVISION OF CLINICAL PRIVILEGES ON BEHALF OF THE GOVERNING BODY**
**Proposed resolution*

7) **FOR DISCUSSION:** **OVERVIEW OF THE MEDICAL MARIJUANA IDENTIFICATION CARDS**
**Report*

8) **FOR DISCUSSION:** **PRESENTATION OF OFFICE-BASED OPIATE ADDICTION TREATMENT**
**Report*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) CLOSED SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

PROPOSED SETTLEMENT OF $30,000 IN A CLAIM FOR WRONGFUL DEATH: WAE SON JENSEN, INDIVIDUALLY AND AS ADMINISTRATRIX OF THE ESTATE OF MI PUN KIM, V. CITY AND COUNTY OF SAN FRANCISCO. SAN FRANCISCO SUPERIOR COURT CASE NO. 306-739

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
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David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

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MINUTES
HEALTH COMMISSION MEETING

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Tuesday, July 18, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President John I. Umekubo, M.D., at 3:06 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini

Vice President Umekubo announced that the next Commission meeting will be Tuesday, August 15, 2000. There will be no meeting on August 1, 2000.

Vice President Umekubo made a special presentation to Deanna Mooney, RN, BSN, Director of Perioperative Services, who is retiring after 36 years with SFGH. Gene O'Connell, Executive Administrator of SFGH, thanked Ms. Mooney for her many years of dedicated service.

2) APPROVAL OF THE REGULAR MEETING OF JULY 5, 2000

Action Taken: The Commission adopted the minutes of July 5, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH** – Request for approval of a proposed ordinance to revise patient rates for the Department of Public Health for FY 20000-01.

(3.2) **CHN-SFGH Facilities** – Request for approval of resolution to approve a Proposition J contract for the provision of laundry processing services at San Francisco General Hospital for the period of July 1, 2000 through June 30, 2002.

(3.3) **CHN–SFGH & LHH** – Request for approval of a contract renewal with Hanson, Bridgett, Marcus, Vlahos & Rudy, LLP in the amount of $150,000, for the provision of as-needed, specialized health care legal services to the Community Health Network, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Hanson for services totaling $90,000 during FY 1999-00).

(3.4) **CHN–SFGH & LHH** – Request for approval of three (3) retroactive contract renewals with the following firms, in the combined amount of $175,000, to provide intermittent, as-needed rehabilitation therapy personnel (Physical, Occupational and Speech Therapists) for the Community Health Network, for the period of July 1, 2000 through February 1, 2001. (DPH contracted with the vendors for services totaling $317,650 during FY 1999-00).

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(3.5) **CHN–SFGH** – Request for approval of a new retroactive contract with Dobri D. Kiprov, MD, a professional corporation dba Bay Area Mobile Apheresis Program, in the amount of $215,000, to provide intermittent, as-needed, on-call mobile therapeutic apheresis services (in which a patient's blood is collected using automated FDA approved devices, separated into its components and filtered), for the period of July 1, 2000 through June 30, 2002.

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Commissioner Sanchez raised the possibility of sharing the costs with UCSF.

(3.7) **CHN–SFGH Medical Staff Services** – Request for approval of a sole source contract renewal with Medical Staff Services Registry, Inc. (MSSR), in the amount of $54,000, to provide as-needed credential verification services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with MSSR for $45,000 during FY 1999-00).

(3.8) **CHN–SFGH Radiology** – Request for approval of a retroactive contract modification and a contract renewal with The Registry Network, Inc., to provide intermittent, as-needed, professional radiology technologists with on-call availability 7-days a week, in the amount of $55,000, for a modification for the period of July 1, 1999 through June 30, 2000, and $173,600 for a contract renewal for the period of July 1, 2000 through June 30, 2001, for a total value of $228,600, for the two-year period. (DPH contracted with Registry Network for services totaling $100,000 during FY 1999-00).

(3.9) **PHP-CHS** – Request for approval of a retroactive contract renewal with Family Service Agency (FSA) in the amount of $181,643 to provide HIV mental health services, for the period of March 1, 2000 through February 29, 2001. (DPH contracted with FSA for services totaling $4,727,179 during FY 1999-00).

Commissioners expressed concern on the monitoring report. The Department assured the Commission the contractor is positively following up on the monitoring reports. Lonnie Hicks, Executive Director, stated that mutual communication and follow-up on the monitoring issues are taking place.

Commissioner Hill requested the Department to follow-up on the monitoring report with the Executive Secretary to the Health Commission in three months. (October 17, 2000).

(3.10) **PHP-CHS** – Request for approval of a retroactive contract renewal with San Francisco Food Bank (SFFB) in the amount of $96,416, to provide food solicitation services, for the period of March 1, 2000 through February 28, 2001. (DPH contracted with SFFB for services totaling $97,220 during FY19 99-00).

Commissioner Hill requested an update on this contract to the Budget Committee in three months. (October 17, 2000).

(3.11) **PHP-CMHS** – Request for approval of a new contract with West Bay Pilipino Multi-Service Center in the amount of $140,300 to develop a culturally responsive family intervention model for mental health and substance abuse services, for the period of July 1, 2000 through September 30, 2001.

At the full Commission meeting, public speaker Michael Lyon, Emergency Coalition to Save Public Health, spoke on #3.6, indicating this contract can be challenged; and that closure of the outpatient pharmacy is an outrage to patients.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with the specific requests.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

DPH Fire Response

A fire occurred at 225 Taylor Street a little before 3:00 a.m., July 15th, resulting in one fatality and one serious injury. The Department of Public Health was notified and responded to the scene immediately. All 24 units in the building were evacuated, displacing 44 adults, 11 seniors and 8 children. The building residents were primarily monolingual speaking Spanish and Tagalog. The Red Cross established an emergency shelter at the Hamilton Recreation Center. The shelter remained open through yesterday at 5 p.m. when all of the 63 residents had been placed in motels temporarily until more stable housing options can be found.

The Mayor's Office, Department of Human Services, Recreation and Park Department, MUNI and the Health Department worked together seamlessly with the Red Cross. Our efforts over the last two years to refine the City's emergency response plans and provide better services for survivors of catastrophic events have really paid off. Dr. Katz visited the shelter Saturday night and was very

proud of the City's efforts. Dr. Katz acknowledged the great work of Linda Wang and the entire Mental Health team who responded on site, Jan Murphy and Mary Anne McGuire-Hickey for their work in recruiting public health nurses to staff the shelter, and Chris Wachsmuth and Willie Crawford for providing logistical support over the weekend. As always, Anne Kronenberg did a great job coordinating DPH efforts.

Medical Cannabis ID Cards

This past Friday, the Department hosted a press conference with Supervisor Mark Leno, District Attorney Terence Hallinan and Assistant Police Chief Earl Sanders. Commissioner Harrison Parker also joined us. Friday's media event marked the City's first official day of issuing voluntary medical cannabis ID cards. The Department began issuing cards on July 5th, using only a word-of-mouth approach so that Vital Records could work out any technical and programmatic problems. Dr. Katz reported that the system appears to be working well. Information about the program has been posted on DPH web site. To date, approximately 40 cards have been issued to patients and caregivers. There is an administrative cost of $25 charged to each person who applies for a card, which is valid for up to 24 months. Dr. Katz thanked Herminia Palacio, MD, Donna Childers and her MIS staff, Irina Tomashevsky and Ed Sanchez, and Ed Hernandez and the staff in Vital Records.

"Profiles of Excellence" on KGO

Dr. Katz congratulated Health Commissioner John Umekubo, MD, for his appearance on KGO, Channel 7's "Profiles of Excellence" series. Five outstanding Bay Area Asian Pacific Americans were profiled for their achievements. Along with Dr. Umekubo's private practice in Japantown, he is also chief of staff at St. Mary's Medical Center, Vice President of this Health Commission and still finds time to play a mean guitar with the Bold Rebels, one of the first local Asian American bands. The program first aired Sunday, July 16th. It will air again on Sunday, July 30th at 10:30 a.m. Chief Fred Lau of the San Francisco Police Department was also recognized.

Snapshot of Community Health

The US Department of Health and Human Services has just issued a report that provides the first-ever snapshot of an individual county's health compared to other counties with similar characteristics. Entitled the "Community Health Status Indicators" (CHSI) report, this document comes in response to many requests for data to help in assessing needs and developing data-based policies to improve the health of communities and their residents. The report will be released on July 24, 2000 and may be downloaded and printed from the Internet at www.commnityhealth.hrsa.gov.

POPULATION HEALTH AND PREVENTION

Bureau of Environmental Health Management

In the past fiscal year, the Environmental Health Section increased revenues collected by $494,000. In addition, expenditures were reduced by $46,591. (General fund support for the section subsequently fell by $491,332)

While all staff contributed to this success, special attention is merited to a few efforts. Sue Cone, Manager of the Hazardous Materials Program, successfully dealt with her program's restructuring while maintaining excellent client services and surpassing revenue targets. Jim Gillen, Budget Analyst, worked to identify environmental health programs where revenue collections needed attention and helped to develop successful fee increases. Jim also worked with Principal Inspector Johnson Ojo and the tax collector to identify delinquent accounts and to obtain credits for owed revenues collected by other City Departments. Larry Pong and Lisa Palladino developed the account Campbell Bill training, which contributed additional revenues for the consumer protection program.

COMMUNITY HEALTH NETWORK

Chinatown Public Health Center

Chinatown Public Health Center was well represented at the Tenth Conference on Health Problems Related to the Chinese in North America, recently held at Parc Renaissance Hotel in San Francisco. Over 250 health care providers came from U.S. and Canada to attend this conference. The theme for this biannual conference was on 'Integrating the Best of Chinese and Western Medicine - A New Paradigm for Health Promotion and Patient Care'. Dr. Ed Chow, Health Commissioner, was one of the chief organizers of this year's conference. Many of our key Chinatown Public Health Center staff presented and participated in the event. Also, the well-known Cancer Quilt made by members of the Health Center's Support Group was on display at the conference.

SFGH Foundation Receives $50,000 Gift From Golden Gate Bank

Golden Gate Bank, a member of the Greater Bay Bancorp family, has made a $50,000 donation to the SFGH Foundation for projects in the Emergency Department. Golden Gate Bank has joined with the SFGH Foundation, the 1001 Club, hospital leaders, and the community at large in an effort to raise more than $500,000 to renovate the patient triage and family waiting areas, purchase new patient tracking software and portable ultrasound equipment.

2000 Budget Initiative Moves us Closer to Meeting our Strategic Direction

Wound Care Center Expansion

Dr. Katz noted that the expansion of the 4-C Wound Care Center is currently underway. The Health Commission may recall that this expansion was a key proposal of the DPH Task Force on Management of Patients with Abscesses and Injection Drug Users and entailed the development of an Integrated Soft Tissue Infection Service (ISIS). The charge to the ISIS team was to evaluate patients presenting with soft tissue infections and develop more appropriate ambulatory care protocols and systems for treatment.

On July 5, an ISIS team consisting of Department of Surgery faculty, Nurse Practitioners, and 4-C Nursing staff began providing ambulatory services to patients with soft tissue infections. In the first six days of operation (including half day clinics on Saturday and Sunday), ISIS has provided the following:

- individual patients evaluated
- total patient encounters
- abscess treatment with incision and drainage and return visit
- cellulitis treatment with antibiotics and return visit
- wound debridement with antibiotics and return visit
- hospital admissions with OR utilization
- PES referral with subsequent admission and follow-up visits

Concurrently, Substance Abuse Services and Medical Social Services are providing substance use evaluation for treatment and referrals for shelter and other concrete services. A weekly multidisciplinary meeting of ISIS, Medical Social Services, Substance Abuse Services, Emerg. Department, Anesthesia, PHP, Pharmacy, OR Nursing, Patient Acting and Administration representatives has been initiated to review and resolve operational and clinical issues, with the goal of refining and developing services over the next fiscal year. Program evaluation will be another key aspect of discussion for this group. All services have been extremely collaborative in this venture. This proposal has gotten off to an excellent start through the commitment of numerous individuals, and we look forward to further progress over the next few months.

Health at Home Volunteer Training

Health at Home is seeking individuals interested in working directly with our clients in their own homes, apartments and residences providing emotional and/or practical support. This 10-hour home volunteer training will commence early September and includes an overview of caring for individuals diagnosed with life-threatening, chronic and disabling illnesses, such as HIV disease, cancer, respiratory and heart disease.

SFGH Medical Staff Credentials Report

	7/00	2000 YTD
New Appointments	09	111
Reinstatements	-1	7
Reappointments	24	230
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	10	92
Disciplinary Actions	0	0
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	
Voluntary Relinquishment	0	0

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR JULY

On behalf of the Commission, Vice President Umekubo presented the July awards to the following:

Individual	Division	Nominated by
Penney Mitchell, LCSW	Social Services, SFGH/CHN	Dolores Gomez, R.N., Former Chief Nursing Officer, SFGH Medical Center

MIS Team for Y2K Compliance	Division	Nominated by
Ron Alvarez	MIS, Central Administration	Monique Zmuda, CFO
Donna Childers	" "	" "
Dave Counter	" "	" "
Sylvia Herrera	" "	" "
Bill Hurja	" "	" "
Tom O'Connor	" "	" "
Victor Rosero	" "	" "
Jeff Stevens	" "	" "
Vicki Zulueta	" "	" "
John Applegarth	Community Health Network	" "
Bob Brody, M.D.	" "	" "
Sharon Calcagno	" "	" "
Donna Jacobs	" "	" "
Shayne Johnston	" "	" "
Eloise Joseph	" "	" "
Pat Skala	" "	" "
Joe Abrego	Population Health and Prevention	" "
Roy Entin	" "	" "
Almir Guimaraes	" "	" "
Richard Look	" "	" "
Fred McGregor	" "	" "
Steve Sigman	" "	" "

6) **CONSIDERATION OF A RESOLUTION DELEGATING AUTHORITY TO THE DIRECTOR OF PUBLIC HEALTH TO ACT ON LAGUNA HONDA HOSPITAL MEDICAL STAFF RECOMMENDATIONS CONCERNING MEDICAL STAFF APPOINTMENTS, REAPPOINTMENTS, TERMINATION OF APPOINTMENTS, AND THE GRANTING OR REVISION OF CLINICAL PRIVILEGES ON BEHALF OF THE GOVERNING BODY**

Dr. Katz pointed out this policy emphasizes a Departmentwide approach in addressing these medical staff issues. He assured Commissioner Chow that the appeal process for physicians is uniform throughout the Department.

Action Taken: The Commission adopted Resolution #8-00, "Authorizing the Director of Public Health to Act on Laguna Honda Hospital Medical Staff Recommendations", (Attachment A).

7) **OVERVIEW OF THE MEDICAL MARIJUANA IDENTIFICATION CARDS**

Dr. Herminia Palacio, MPH, Special Advisor to the Director, reported the following:

In response to Health Commission Resolution #29-99, "Supporting the Development and Implementation of a Voluntary Medical Cannabis Identification Card Program", passed in December 1999, and the Medical Cannabis Identification Card Ordinance signed into law in March

2000, the Department of Public Health designed the Medical Cannabis Voluntary Identification Card Program. The program opened on July 5, 2000, and issues Patient and Primary Caregiver ID cards to individuals who qualify as medical cannabis users or primary caregivers, under the Compassionate Use Act of 1996, (California Health and Safety Code 11362.5).

Dr. Palacio provided a detailed program description. Each application packet contains a program description in a "question and answer" format and contains all the forms necessary for both the patient card and the primary caregiver cards. The application packet includes the following:

- Application Instructions Form
- Questions for Doctor Form
- Resource List Form
- Physician Statement Form
- Physician Statement (Peds) Form
- Release of Medical Information Form
- Physician's Oral Recommendation Form
- Primary Caregiver Certification Form
- Cannabis User Application Checklist
- Primary Caregiver Application Checklist

The program strives to complete all of the verification steps while the applicant waits, if feasible. If staff are unable to complete all the verification steps while the applicant waits (for example, if no one is available at the physician's office to confirm the Physician's Statement), then the applicant is offered the choice of returning to pick up his/her ID card and/or documents in person, or to fill out a self-addressed envelope to have the card and/or documents mailed.

In summary, this program provides a convenient way to qualified individuals to demonstrate that they meet the criteria to use or possess medical cannabis under the Compassionate Use Act of 1996. Dr. Palacio emphasized that this project was implemented through a team effort with participation from multiple individuals, all of whom made valuable contributions. A special note of thanks, however, goes to the MIS team who went above and beyond the call of duty to help improve a quality program in a timely fashion.

For a copy of the complete report, contact the Commission Office (554-2666).

Commissioner Chow commended the Department for developing forms that are clear and user-friendly. He also pointed out this program would really help people in pain and could be supportive for end-of-life issues.

8) PRESENTATION OF OFFICE-BASED OPIATE ADDICTION TREATMENT

Dr. Herminia Palacio, MPH, Special Policy Advisor to the Director, gave a progress report on the San Francisco Office-Based Opiate Addiction Treatment (OBOAT) program, (Attachment B).

Commissioner Umekubo inquired about the requirements for participating physicians. Dr. Palacio reported the Department will provide training and curriculum development. The availability of physicians to give consistent quality care will be a factor.

Commissioner Chow inquired about whether the physician providers will come from various groups outside of the Department. Dr. Palacio stated that in the pilot phase the plan is to use DPH physicians.

Dr. Katz pointed out that with this program the Department is creating a model to increase methadone maintenance. He also commended Dr. Palacio for her work on this program.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Speakers:

Lynn S. Carman, Attorney representing Emergency Coalition to Save Public Health, submitted a letter dated July 18, 2000 objecting to the Department of Public Health RFP #11-2000; the Department's July 7, 2000. "Summary" and "Additional Questions/Responses", and the contract which is the subject of the RFP. He is requesting the Department to withdraw the RFP.

David Pasquarelli, Queer Nation, submitted a press release packet on "Queer Nation Outs HIV Prevention Barebackers." He talked about HIV hypocrisy and antigay propaganda; promoted reopening of bath houses.

Todd Swindell, Queer Nation/SF, expressed his support for legalized medical marijuana; referred to the last meeting's Director's Report on HIV statistics; apparent homophobic hysteria; gay men tired of victimization; HIV hypocrites preach AIDS prevention.

Todd Phillips, HEAL-SF, referred to drug hypocrisy; advocated stopping businesses from selling nitrites; nitrites are being sold everyday and are killing people; why doesn't DPH deal with nitrites?

Tate Swindell, Act-Up-SF, stated HIV in San Francisco is steadily going down; posed three questions on the medical marijuana ID cards; asked why nothing in today's Director's Report on HIV.

Michael Petrelis, AIDS-Statistics.com, submitted copy of his letter to Senator Jesse Helms, (Attachment C).

Michael Lyon, Emergency Coalition to Save Public Health, expressed concern on the cutbacks in the budget; had a question on the Department's outlook on the U.C. Affiliation Agreement.

10) CLOSED SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a Closed Session.

The Commission went into Closed Session at 4:45 p.m.

Individuals in the Closed Session were: Commissioners Umekubo, Chow, Hill, Parker and Sanchez, Mitch Katz, M.D., Larry Funk, Tony Wagner, Mary Louise Fleming and Sandy Mori

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

EXISTING LITIGATION

PROPOSED SETTLEMENT OF $30,000 IN A CLAIM FOR WRONGFUL DEATH: WAE SON JENSEN, INDIVIDUALLY AND AS ADMINISTRATRIX OF THE ESTATE OF MI PUN KIM, V. CITY AND COUNTY OF SAN FRANCISCO. SAN FRANCISCO SUPERIOR COURT CASE NO. 306-739

The Closed Session ended at 5:06 p.m.

D. RECONVENE IN OPEN SESSION:

1. POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action taken: The Commission approved the settlement of $30,000.

2. VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action taken: The Commission voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 5:07 p.m.

Sandy Guye Mori

Sandy Guye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-00

AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH TO ACT ON LAGUNA HONDA HOSPITAL MEDICAL STAFF RECOMMENDATIONS

WHEREAS, the Health Commission serves as the Governing Body of both San Francisco General Hospital (SFGH) and Laguna Honda Hospital and Rehabilitation Center (LHH); and,

WHEREAS, pursuant to Joint Commission requirements, the Health Commission adopted Governing Body Bylaws which delegate to the Director of Public Health the authority, among other things, to act on SFGH Medical Staff recommendations regarding physician appointments, reappointments, termination of appointments, and the granting or revision of clinical privileges in a timely manner, and to resolve any differences in regards to such recommendations within a reasonable period of time; and,

WHEREAS, there has not been a formal delegation of this same authority to the Director of Public Health as to recommendations submitted by the Medical Staff of Laguna Honda Hospital; and,

WHEREAS, the Health Commission supports uniformity and consistency in the handling of Medical Staff recommendations throughout the Community Health Network; now, therefore, be it

RESOLVED that the Health Commission hereby delegates to the Director of Public Health the authority to act on Laguna Honda Hospital Medical Staff recommendations concerning Medical Staff appointments, reappointments, termination of appointments, and the granting or revision of clinical privileges in a timely manner on behalf of the Governing Body of LHH, and to resolve any differences in regards to such recommendations within a reasonable period of time.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of July 18, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco

Department of Public Health

Herminia Palacio, MD, MPH
Special Policy Advisor to the Director

MEMORANDUM

TO: President Roma P. Guy
and Honorable Members of the Health Commission

FROM: Herminia Palacio, MD, MPH
Special Policy Advisor to the Director

THROUGH: Mitchell H. Katz, MD
Director of Health

RE: Office-Based Opiate Addiction Treatment Program: A Status Update

DATE: July 7, 2000

This memorandum provides a progress report on the San Francisco Office-Based Opiate Addiction Treatment (OBOAT) Program, a program whose concept and further development were supported in Health Commission Resolution No. 25-99. At our prior presentation to the Health Commission in July 1999, we recommended that the Department of Public Health (DPH) seek funding to conduct a one-year feasibility study to collect information critical for the design of a pilot project. We are happy to report that we were subsequently awarded $100,000 from the Center for Substance Abuse Treatment (CSAT), of the Substance Abuse and Mental Health Services Administration (SAMSHA) to support such a feasibility study. In addition, the San Francisco Board of Supervisors supplemented this grant with an additional $50,000.

We launched the feasibility study in April 2000, with the hiring of Dr. Edward Bein as the OBOAT Feasibility Study Project Director. Dr. Bein is a research psychologist with a longstanding interest in substance abuse issues, experience in HIV prevention research, and extensive statistical expertise. Current feasibility study activities are summarized below.

Partnership with Local Narcotic Treatment Programs

The existing Narcotic Treatment Programs (NTPs), also known as methadone treatment centers, have consistently been our partners as we move this project forward. They shared their expertise with us during the development of the OBOAT framework. Through a Methadone Providers Subcommittee, they are now coming together to examine and recommend how they can contribute to, and benefit from, the proposed OBOAT program. They are examining this both collectively, in a "systems" view, and individually, in terms of the unique configurations of each NTP.

Dr. Bein has begun a systematic review of the protocols and practice guidelines used by San Francisco NTP's. This review has included touring the NTP's, at the courtesy of the Executive Directors and Medical Directors, as well as interviews with the Executive and/or Medical Directors. While not yet complete, these interviews have already yielded some important insights that suggest areas for deeper policy analysis as we develop the pilot project. For example, while current regulations require that individuals have a history of at least 2 years of opiate addiction and at least 2 documented failures with trials of methadone detoxification to be eligible for methadone maintenance treatment, several of the local NTP's have been successful in acquiring exemptions that liberalize these eligibility criteria (e.g. to 1 year of addiction and 1 detox failure). Future discussions about what, if any, exemptions from current regulations on eligibility criteria the proposed OBOAT Program might consider seeking should include analysis of potential advantages and disadvantages of any chosen course of action. For example if a key policy objective was to serve the greatest number of patients, regardless of years or severity of addiction then a simple liberalization of the criteria would help meet that objective. However, this course of action would require the largest initial investment of resources. If a key policy objective was to reduce rates of Hepatitis C infection, then an eligibility scheme with preference being given to individuals with under a 1 year history of injection drug use might better meet that objective because the prevalence of Hepatitis C is very high among populations with a long history of injection drug use. Thus focusing on new injectors would likely offer the best opportunity for interrupting Hepatitis C transmission through cessation of injection drug use.

Review of Domestic and Foreign Office-Based Opiate Treatment Programs

During the first phase of work, we had speakers from several office-based programs present the overall program design and describe their overall experience with these programs to the Methadone by Physician Prescription Workgroup. During the current phase of work we have begun a more complete and systematic review of domestic and foreign office-based programs, that includes not only discussions with the Program Directors, but wherever possible includes collection and review of their written protocols, training manuals, clinical guidelines, and demographic and clinical data. We are looking to programs in the United States for help in applying lessons learned from their interactions and negotiations with regulatory agencies. One of the early messages we are hearing from our conversations with domestic programs is that strong support from the relevant state agencies can greatly facilitate the process of successfully attaining the necessary waivers from federal agencies. However, the data on patient and clinical experience from currently existing domestic office-based opiate treatment programs have a limited capacity to offer guidance on patient issues, as they serve a much narrower spectrum of patients than we are proposing to serve. In terms of experience with broad-based patient populations, information from existing foreign programs may be more informative. Conversely, because of significant differences in political structures and health care financing strategies, the legislative/regulatory experience of foreign programs have limited capacity to inform our discussions with regulatory agencies.

Actuarial/Cost Estimate Analyses

We have developed a scope of work for actuarial consultants to perform cost estimates for various stages of implementation of the proposed OBOAT Program. We have selected Milliman & Robertson, Inc. through our RFQ process, and are completing contract negotiations. This organization has experience in estimating the potential costs of implementing new benefit mandates at the state level and projecting the effect the program changes will have on the number of uninsured. In addition Milliman & Robertson consultants have worked closely with several public health care agencies at the state and

federal level, including state Medicaid agencies. These types of experiences make them very qualified to perform the cost estimate analyses we are requesting.

Health Care Provider Issues

Among the key objectives of the OBOAT Feasibility Study are: a) to delineate the scope of issues of critical importance to the health care provider groups who would comprise the key providers in the proposed OBOAT program (physicians, counselors, and pharmacists), and b) to determine the effect of varying specific program parameters on estimates of anticipated rates of provider participation. To meet these objectives, we have planned three core activities for each of the provider groups. The first activity is the convening of provider subcommittees to identify and discuss the broad regulatory and policy issues raised for that group by the proposed OBOAT framework. The subcommittees are also working closely with Dr. Bein to develop items for focus group discussions. The second activity is to gather rich qualitative data through a series of provider focus groups. Focus group results, will in turn, inform development of a questionnaire to collect quantitative data from larger samples of San Francisco health care providers.

The Pharmacy Subcommittee, convened in November 1999, is Co-Chaired by Dr. Sharon Kotabe, Director of Pharmacy Services at the Community Health Network, and Mr. Daniel Abrahamson, an attorney who has provided extensive consultative services to DPH in the development of the OBOAT program. The Pharmacy Subcommittee membership is comprised of representatives from local commercial pharmacies, local institutional pharmacies, academic pharmacists, and state regulatory board representatives. The subcommittee took up its charge with energy and enthusiasm, and has had made considerable progress. The subcommittee is currently working closely with Dr. Bein to finalize the focus group topics to be used in the next phase of the feasibility study. The result of the focus groups will help us develop the questionnaire that will be administered to a sample of San Francisco pharmacists. The questionnaire will focus on collecting and quantifying data about the issues likely to influence rates of pharmacist participation in the proposed OBOAT program, for example, reimbursement rates, facility space requirements, etc.

The Counselor Subcommittee was recently convened with its first meeting in June 2000. The Counselor Subcommittee is Co-Chaired by Dr. Edward Bein, OBOAT Feasibility Study Project Director, and Mr. Stephen Rosen, Chief Executive Director of the BAART methadone treatment centers.

The Physician Subcommittee will be Co-Chaired by Dr. David Hersh, Director of Substance Abuse Services at SFGH, and Dr. Richard Fine, Professor of Medicine, SFGH, UCSF. The Physician Subcommittee will hold its first meeting in the near future.

Another key objective of the feasibility study is to develop training materials and protocols for the three health care provider groups. We are currently collecting and reviewing a variety of provider training materials from office-based opiate treatment programs and from CSAT/SAMSHA. Furthermore, we have begun discussions with the Committee on the Treatment of Opioid Dependence of the California Society of Addiction Medicine about a possible collaboration to develop and conduct OBOAT physician training protocols. Our presentation of the proposed OBOAT program was well received by this group of addiction medicine specialists, and we are enthusiastic about working with them as we move this project forward.

Legislative Activity

In close collaboration with Colleen Johnson, Legislative Analyst, we are carefully tracking relevant state and federal legislation, and helping to develop City and County of San Francisco (CCSF) positions on relevant legislation. One such bill currently before the state legislature is SB 1807 , which would create an office-based opiate treatment program in conjunction with a licensed Narcotic Treatment Program. The bill is sponsored by Senator Vasconcellos, and per his statement, "through the sponsor, the well-respected Bi-Valley Clinic in Sacramento, a program will likely be implemented in Redding - an area with a significant opiate addiction problem, but not available treatment - as soon as the bill is enacted". We (CCSF) have taken the position of 'support with amendments' for this bill. While we are in agreement with the general principles behind the bill, we have some concerns about the narrowly constructed language, and in particular have concerns about a section that delineates a pre-determined order for the use of specific pharmacologic agents in individual patients. We are currently engaged in discussions with the author's office about our specific concerns.

Upcoming Activities

There are several other components of the OBOAT feasibility study that will commence in the ensuing months. These include the development and testing of quality assurance procedures, the development and testing of a centralized database, the development and pre-testing of training protocols.

Our goal is to have a well-designed OBOAT pilot project ready for implementation as the final "product" of the feasibility study. We look forward to keeping the Health Commission apprised of our progress toward that objective.

Michael Petrelis
www.AIDS-Statistics.com
2215-R Market Street, #413
San Francisco, CA 94114
Phone: 415-621-6267
Email: MPetrelis@aol.com

July 17, 2000

Senator Jesse Helms
US Senate
Washington, DC

Dear Senator Helms:

Thanks for funding the enclosed HIV prevention comic book, created by the Sisters of Perpetual Indulgence, with funding from the Centers for Disease Control and Prevention. One of the authors of the comic book, Vince Gaither, a.k.a. Sister Mary Mae Hemm, is a full voting member of the CDC's HIV Prevention Planning Council in San Francisco. It pleases me to know Vince Gaither decides how to spend $10 million annually from the CDC for HIV prevention.

As you can see from the enclosed photos from www.barebackcentral.net, Gaither practices barebacking, meaning as an HIV positive gay man he shuns condoms when having anal sex.

Please view the enclosed videotape from the July 13 HPPC meeting and see how the council spends part of its $10 million from the CDC.

Rest assured, when it comes to your "no promo homo" amendments applying to HIV prevention for gay men in San Francisco, gay sexual liberation is the rule of order.

Keep the CDC's annual $10 million HIV prevention grant flowing to San Francisco. We need every dime to fight HIV and AIDS.

Sincerely,

Michael Petrelis
Project Director

Enclosures

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Roma P. Guy, M.S.W.
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John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

3/00

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

August 15, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 18, 2000**
**Minutes of July 18, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN-Primary Care –** Submittal of six-month report on the status of the California Endowment-funded Partner Support Program II at Balboa Teen Clinic.
** Status report*

(3.2) **DPH-Central Administration –** Submittal of six-month report on the status of the contract with Haight Ashbury Free Medical Clinics, Inc.
** Status report*

(3.3) **PHP-HIV Prevention** – Submittal of six-month report on the status of the contract with Aguilas Inc.
** Status report*

(3.4) **CHN-Medical Records/Radiology** – Request for approval of a contract modification with Mediscript to increase the contract by $150,000 to provide additional medical transcription services for the Community Health Network, for a new contract total of $225,000, for the period of December 1, 1999 through June 30, 2001. (DPH contracted with Mediscript for services totaling $75,000 during FY 1998-99).
** Calendaring request memo*

(3.5) **CHN-Office of Managed Care** – Request for approval for a fee for service performance agreement with the California State Department of Corrections, San Quentin Prison, to provide medical services to inmates and work furlough prisoners for the period of July 1, 2000 through June 30, 2003.
** Calendaring request memo, Grant application information form*

(3.6) **CHN-Office of Managed Care** – Request for approval of a contract renewal with the Regents of the University of California, San Francisco (UCSF), in the amount if $1,700,000, to provide tertiary care services targeting medically indigent adults and In-Home Supportive Service workers, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,235,592 during FY 1998-99).
** Calendaring request memo, Client demographic form, Monitoring report summary*

(3.7) **PH&P-AB75 Project** – Request for approval to apply for, accept and expend, retroactively, a grant allocation in the amount of up to $4,846,670 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 2000-2001.
** Calendaring request memo, Grant application information form, Revenue & Expenditure forms*

(3.8) **PHP-CMHS** – Request for approval of a sole source contract renewal with Ramsell Corporation dba Professional Management Development Corporation, in the amount of $707,010, to provide fiscal intermediary services under the San Francisco Mental Health Plan, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Ramsell for services totaling $3,320,590 during FY1998-99).
** Calendaring request memo, Letter from M. J. Poulo, Provider Declaration of Compliance form*

(3.9) **PHP-HIV Prevention** – Request for approval of contract renewal with Larkin Street Youth Center (LSYC), in the amount of $110,436 per year for two years, for a total of $220,872, to provide HIV prevention services targeting adolescents and young adults ages 13-23, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with LSYS for services totaling $579,869 during FY 1998-99).
** Calendaring request memo, Client demographic information form, Monitoring report summary with cover letter*

(3.10) **PHP-HIV Prevention** – Request for approval of contract renewal with Urban Indian Health Board (UIHB), in the amount of $138,023 per year for two years, for a total of $276,046, to provide HIV prevention services targeting Native Americans, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with UIHB for services totaling $465,477 during FY 1998-99).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.11) **CHPP-Promotion Section** – Request for approval of contract modification with O'Rorke Public Relations and Advertising in the amount of $246,700, for a total contract amount of $746,726, to provide media services to the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $222,328 during FY 1998-99).
** Calendaring request memo, Monitoring report summary*

(3.12) **CHPP-Promotion Section** – Request for approval of contract modification with Polaris Research and Development, in the amount of $40,000 for a total contract amount of $110,000, to provide evaluation services for the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Polaris for services totaling $853,779 during FY 1998-99).
** Calendaring request memo, Monitoring report summary*

(3.13) **CHPP-Promotion Section** – Request for approval of contract modification with San Francisco Study Center (SFSC), in the amount of $444,257 for a total contract amount of $801,332, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFSC for services totaling $1,620,515 during FY 1998-99).
** Calendaring request memo, Monitoring Report Summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR AUGUST**
**List of awardees*

6) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH END OF YEAR FISCAL REPORT FOR 1999-2000**
**Report*

7) **FOR DISCUSSION:** **PRESENTATION OF AN ANALYSIS OF CHARITY CARE PROVIDED BY SAN FRANCISCO'S NON-PROFIT AND PUBLIC HOSPITALS**
(Report)

8) **FOR DISCUSSION:** **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE**
**Report*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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MINUTES
HEALTH COMMISSION MEETING

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Tuesday, August 15, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:06 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.

2) APPROVAL OF THE REGULAR MEETING OF JULY 18, 2000

Action Taken: The Commission adopted the minutes of July 18, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

Note: Commissioner Monfredini chaired the Budget Committee.

(3.1) **CHN-Primary Care** – Submittal of six-month report on the status of the California Endowment-funded Partner Support Program II at Balboa Teen Clinic.

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Commissioner Sanchez abstained on this item due to conflict of interest.

(3.7) **PH&P-AB75 Project** – Request for approval to apply for, accept and expend, retroactively, a grant allocation in the amount of up to $4,846,670 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 2000-2001.

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(3.11) **CHPP-Promotion Section** – Request for approval of contract modification with O'Rorke Public Relations and Advertising in the amount of $246,700, for a total contract amount of $746,726, to provide media services to the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $222,328 during FY 1998-99).

(3.12) **CHPP-Promotion Section** – Request for approval of contract modification with Polaris Research and Development, in the amount of $40,000 for a total contract amount of $110,000, to provide evaluation services for the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Polaris for services totaling $853,779 during FY 1998-99).

(3.13) **CHPP-Promotion Section** – Request for approval of contract modification with San Francisco Study Center (SFSC), in the amount of $444,257 for a total contract amount of $801,332, to provide fiscal sponsor services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFSC for services totaling $1,620,515 during FY 1998-99).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.6.

President Guy thanked Vice President Umekubo for chairing the July Commission meetings while she was on vacation.

President Guy announced that in Commission meetings, individual public speakers are limited to three minutes. She will not allow disruptive behavior. Those disruptive individuals will be asked to leave and/or be escorted out by institutional police officers. Disruptive behavior includes heckling and hissing.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

At the last Health Commission meeting, Dr. Katz reported in the Director's Report an alarming increase in HIV incidence in San Francisco among men who have sex with men (MSM). The increase in incidence was seen in a study done of MSM and who were tested at one of the alternative test sites in San Francisco. The data had been reported in both the San Francisco Chronicle and the New York Times. In that same newspaper coverage journalist reported estimates of the number of new HIV infections in San Francisco based on a meeting of experts in May of 2000. That information was leaked to the newspaper. The Department did not intend for the data to be released at that time because the Department had not yet finished its work.

During the latter two weeks of July and the first week of August, the Department of Public Health (DPH), in collaboration with the AIDS Research Institute (ARI) of the University of California, San Francisco (UCSF) worked to complete the report. In addition to reporting the actual data that those estimates were based on, it was very important to Dr. Katz that the report includes a plan on how San Francisco as a city would deal with the increases in new HIV infections.

On August 8th, 2000, the Department met with a number of community leaders to detail the findings of the report and our proposed plan to revitalize HIV prevention for MSM in San Francisco. At that meeting were members of the Ryan White CARE Planning Council, the HIV Prevention Planning Council, staff from a number of HIV prevention agencies, and community activists. Both the data and the guidelines for the 11 Point Action Plan were well received by the group. Several suggestions were made and incorporated into the document based on that meeting. That same day, Dr. Katz had a

teleconference with CDC officials, to whom Dr. had previously sent all of our data. They reviewed our data and agreed that the Department had done a thorough job of characterizing the HIV epidemic in San Francisco. On August 9th, 2000 the Department had a hearing in front of the Finance Committee of the Board of Supervisors. The hearing was called by President Tom Ammiano. In addition to President Ammiano, Chair of the Finance Committee, Supervisor Leland Yee, Supervisor Sue Bierman, and Supervisor Mark Leno joined the Committee hearing. At the hearing the Department presented the data and the 11 Point Action Plan and heard testimony in support of the plan from President Roma Guy, as well as from Dr. Tom Coates, Director of the UCSF ARI and several community members. The report is, to Dr. Katz's knowledge, the most extensive compilation of data on a particular population in a local area. Because any one study can be criticized for inherit biases the estimates by the group of experts was made based on ten indicators.

SAN FRANCISCO HIV PREVENTION INDICATORS

↑	Incidence of HIV among a cohort study of Young MSM
↑	Incidence of HIV among MSM seeking anonymous HIV testing
↑	Incidence of HIV among MSM-IDU seeking HIV testing
↔	Stable, high HIV incidence in MSM seeking STD treatment
↑	Reports of rectal gonorrhea among MSM
↑	Frequency of STDs among MSM living with AIDS
↑	Number of MSM living with AIDS
↓	Consistent condom use among MSM
↑	Multiple partners and unprotected anal sex among MSM
↑	MSM engaging in unprotected anal sex with serodiscordant partners and/or with partners of unknown HIV status

The experts who reviewed these indicators in May of 2000 were epidemiologists, current and former HIV Care Council and HIV Prevention Planning Council members, the Department of Public Health staff, staff from San Francisco General Hospital, the Office of the Mayor, UCSF Researchers and Clinicians, and community members. Based on all of these prevention indicators the group of experts concluded that the incidence of HIV among MSM has increased from 1.1% to 1.7%. The incidence of new infections among MSM and use injection drugs has increased from 2.0% to 4.6%. The incidence for injection drug users and for heterosexuals has decreased. The result of these changes in incidence and improved estimates of the size of the populations in San Francisco shows that the number of new infections among MSM is estimated to have increased from 283 to 573, and for MSM who use injection drugs it has increased from 53 to 143. The number of new infections has decreased for injection drug users and for heterosexuals. Based on this report the Health Department in collaboration with the ARI put together an 11 Point Action Plan for HIV prevention in San Francisco.

11 POINT ACTION PLAN FOR HIV PREVENTION IN SAN FRANCISCO

1. **OWNERSHIP**
   Take ownership of the epidemic, implementing culturally specific, community-driven responses. Prevention is not done to a community, but by and with a community.
2. **CONDOMS FOR HIV POSITIVE TOPS WITH HIV NEGATIVE BOTTOMS**
   Assume responsibility.
3. **CONDOMS FOR HIV NEGATIVE BOTTOMS WITH HIV POSITIVE TOPS**
   Assume responsibility.
4. **KNOW YOUR CURRENT HIV STATUS**
   Get HIV tested every six months if you've had risky sex or needle use. Seek care if you are HIV positive.
5. **PREVENTION FOR POSITIVES**
   Develop and expand HIV prevention programs that are designed by and for HIV positive individuals.
6. **ERADICATE BACTERIAL STDs IN GAY MEN**
   Rectal GC, syphilis, chlamydia.
7. **RECOVERY**
   Expand drug treatment. Mature our substance abuse services to address real life issues facing gay men such as the relationship between speed use, Viagra, and unprotected sex.
8. **COUNSEL**
   Rebuild the network and services for mental health and wellness.
9. **POSITIVE CARE**
   Get more HIV positive people into care, onto appropriate anti-viral treatments, on better treatment regimens, improve adherence and provide individually tailored counseling and care.
10. **REALITY CHECK**
    It remains a fundamental truth that it is better to remain HIV negative.
11. **GAY MEN'S HEALTH MATTERS**
    It is important that HIV prevention be nested within a broader health agenda for the community.

In presenting this action plan The Department does not intend for it to be the final word on revitalizing the HIV prevention model. Rather it is our hope that this opening salvo will result in increased attention to the new infections and a dialog with the community and with the Health Commission and Board of Supervisors that results in a revitalized plan. It is Dr. Katz's hope that the Commission would wish to discuss this plan in greater detail in the future.

Dr. Katz noted that the Board of Supervisors hearing was disrupted by San Francisco ACT-UP. A member of the group threw wads of paper at Dr. Katz that hit his head, and another sprayed silly string on Dr. Katz while he was testifying to the Board of Supervisors. Both resisted arrest and had to be taken forcibly out of the chambers. Dr. Katz made it clear to the Police Department that this is a clear case of assault, their actions can in no way be considered free speech as their entire goal is to prevent him and others from testifying through their intimidation. As both a City official and a resident of San

Francisco, Dr. Katz intends to make sure that these two individuals are fully prosecuted. They have disrupted other people's rights of free expression through systematic intimidation for several years. It cannot be allowed to continue.

Public Health Heroes Award

Dr. Katz has been informed by the University of California, Berkeley, and School of Public Health, that the Department has been selected as the organizational recipient of their 2000-01 ***Public Health Heroes Award***. This award, established in 1996, publicly recognizes individuals and organizations that have made significant contributions to public health. The Department has been granted this award based on the response to the HIV/AIDS epidemic. The award invitation has been extended to the four previous Health Directors: Mervyn Silverman, David Werdegar, Raymond Baxter and Sandra Hernandez, as well as the present Director, Mitch Katz, and they will all be attending the award ceremony when it is held early in 2001. Previous organizational winners are The Breast Cancer Fund, The Family Violence Prevention Fund, Glide Memorial Church and Kaiser Permanente.

SFGH Medical Staff Credentials Report

	8/00	2000 YTD
New Appointments	12	123
Reinstatements	1	8
Reappointments	22	252
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	17	109
Restriction/Limitations – Privileges	0	0
Changes in Privileges		
Additions	0	1
Voluntary Relinquishment	0	0

Public Speakers:

Stephen Murray, Ph.D., reinforced his previous point that the evaluation component on prevention efforts is not adequate; commended the proposed plan for risk reduction; appreciates intent to minimize disruptions but believes display of signs is not disruptive.

Todd Swindell, Act-Up/SF, commented on the absurdity of the AIDS statistics; explained his position at the Board of Supervisors' public hearing; gay men should not trust the Department; expressed he is the expert on AIDS as a 27-year old gay man.

Dave Pasquarelli, Act Up/SF, acknowledged the restraining order he has to stay 20 feet away from Dr. Katz; indicated the Board of Supervisors' hearing was a dog and pony show, that Department statistics are bogus, that the Stop AIDS Project surveys cannot be generalized to all gay men, that the 11 Point Action Plan is homophobic and stigmatizes gay men; submitted a book by Christine Maggiore and a packet "Don't Take the HIV Test."

Commissioners' Comments:

- Supportive of Dr. Katz's courage to press charges against the Act Up/SF activists
- Supportive of the proposed 11 Point Action Plan for HIV Prevention in San Francisco
- Suggested the use of the internet to disseminate prevention messages
- Important to have the ability to have a dialogue and expression in a public setting
- Appreciates the amount of data available
- Commended the Department on an informed dialogue based on data and basic/applied research; hold steadfast to quality and principles
- Need to put the plan in place and move forward
- Evidence is clear that there is an increase in HIV incidence

President Guy stated that a discussion of the HIV statistics will take place at the Joint Conference Committee of Population Health and Prevention on Tuesday, August 22, 2000 at 10:00 a.m., 101 Grove Street, Room #220. She requested that a future Commission agenda item for a policy resolution be calendared. She also encouraged the Department to include this issue in the Department's Strategic Plan.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR AUGUST

On behalf of the Commission, President Guy presented the awards to:

Individual	Division	Nominated by
Jeff Klausner, MD, MPH, Director of the STD Services Program	Population Health and Prevention	Wendy Wolf
Herminia Palacio, MD, MPH, Special Policy Advisor to the Director	Central Administration	Dr. Mitch Katz Director of Health

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH END OF YEAR FISCAL REPORT FOR 1999-2000

Monique Zmuda, Chief Financial Officer, reported that she believes the Department will close in balance for FY 1999-00, with a small surplus.

She submitted the FY 1999-00 Revenue and Expenditure Report – Preliminary 4th Quarter:

This report provides preliminary estimates on the Department of Health year-end financial status for FY 1999-00. As the Commission is aware, in February 2000, the Department presented an estimated deficit of $15 million, and presented a plan to reduce the deficit to approximately $4 million. Later, in April 2000, the Department reported that the deficit was successful reduced as planned, but the MediCal Disproportionate Share Program at San Francisco General Hospital was reduced by $10 million, further increasing the deficit. Since the April estimate, the Department of Public Health closed the $4 million deficit, and requested and received a $10 million supplemental appropriation of General Funds to offset the loss of MediCal funding.

At this time, the Department is projecting a year-end surplus of $0.6 million for FY 1999-00 based on expenditures and revenues for the preliminary fiscal year end. Projections included revenue shortfalls of $3.0 million and expenditure savings of $3.6 million. The savings were achieved through several factors: the Department staff implemented a successful deficit reduction plan that included a hiring freeze imposed in the fall of 1999, and applying reductions to various operating accounts throughout the Department. In addition, the Department received additional realignment revenue from the State due to increases in the local economy, and was authorized to accrue unappropriated revenue from the Controller's deferred SB 90 reserve. The combination of these factors contributed to the current projection that the Department will end the 1999-00 fiscal year in balance.

Projected FY 1998-99 Year-End Surplus/Deficit

Preliminary 4th Quarter

	REVENUES			EXPENDITURES			SUBTOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 469,362,187	$ 458,141,619	$ (11,220,568)	$ 469,362,187	$ 464,392,028	$ 4,970,159	$ (6,250,409)
Laguna Honda	123,045,468	127,099,062	4,053,594	123,045,468	127,795,799	(4,750,331)	(696,737)
Primary Care	41,988,383	38,336,472	(3,651,911)	41,988,383	40,941,519	1,046,864	(2,605,047)
Health at Home	4,298,082	4,299,535	1,453	4,298,082	3,823,351	474,731	476,184
Forensics	22,081,663	22,034,856	(46,807)	22,081,663	23,287,874	(1,206,211)	(1,253,018)
Subtotal	660,775,783	649,911,544	(10,864,239)	660,775,783	660,240,571	535,212	(10,329,027)
Population Health & Prevention							
Central Admin	18,382,853	18,363,262	(19,591)	18,382,853	18,432,386	(49,533)	(69,124)
Community Health	54,769,102	53,859,471	(909,631)	54,769,102	54,127,784	641,318	(268,313)
Mental Health	138,894,264	147,618,417	8,724,153	138,894,264	136,833,036	2,061,228	10,785,381
Substance Abuse	54,783,170	54,895,141	111,971	54,783,170	54,407,566	375,604	487,575
Subtotal	266,829,389	274,736,291	7,906,902	266,829,389	263,800,772	3,028,617	10,935,519
Total DPH	927,605,172	924,647,835	(2,957,337)	927,605,172	924,041,343	3,563,829	606,492

Commissioner Chow commended the Finance Department and SFGH and pointed out the Department's budget problems are a matter of revenue shortfall, not Department overexpenditures.

President Guy commented on the phenomenal work of the Department staff and congratulated all who undertook more job responsibilities. She recognized the Department invested in new initiatives and acknowledged that the Department is changing.

Dr. Katz acknowledged the Finance staff (i.e., Monique Zmuda, Ken Jenssen, Larry Doyle, Nancy Arata) who worked very hard to monitor this budget.

President Guy inquired about a prudent reserve strategy. Ms. Zmuda has requested the Controller to set aside a reserve. However, this can only be considered after the closing of the overall City budget for FY 1999-00.

7) PRESENTATION OF AN ANALYSIS OF CHARITY CARE PROVIDED BY SAN FRANCISCO'S NON-PROFIT AND PUBLIC HOSPITALS

Tangerine Brigham, Director of Policy and Planning, presented the Department's analysis of charity care provided by San Francisco's non-profit and public hospitals. This report was requested by the Board of Supervisors.

Charity care is provided to uninsured residents and low-income residents who are unable to pay for their medical services. The Department strongly believes that all hospitals should provide charity care to ensure that residents have appropriate access. Based on this report, all San Francisco

hospitals provide charity care, but there is a very broad range in the amount of charity care provided by the City's non-profit hospitals. A copy of the full report is available at the Commission Office. The Executive Summary is Attachment A.

The report covers the following areas:

Non-Profit and Public Acute Care Hospitals
- A. Definition
- B. Benefits of Non-Profit Status
- C. Obligations and Responsibilities

Defining Charity Care
- A. Definition
- B. Charity Care Recipients

Level of Charity Care
- A. Hill-Burton
- B. Uncompensated Care
- C. Level of Charity Care Provided
- D. Relationship to Tax Savings

Funding Charity Care
- A Government Funding
- C. Other Revenue Sources of Non-Profits

Community Benefits
- A. Definition
- B. Level of Community Benefits Provided

Mechanisms to Mandate Level of Charity Care
- A. Mandate
- B. Taxation Option
- C. Contracts
- D. Other Options

Public Speakers:

Ron Smith, Hospital Council, is committed to work with the Commission and Department; cited seven fatal errors, omissions, and conclusions in the report; indicated unintended consequences; urged Commission to appoint a study group to determine how to provide universal health care as mandated by the voters.

Thomas Bolger, Chief Financial Officer of Chinese Hospital, pointed out the analysis portrayed Chinese Hospital as providing a negligible amount of charity care when, in fact, it exceeded the national average during the fiscal year 1999; suggested that Hill-Burton charity care should be included in the analysis and net patient revenue should exclude capitation revenue; analysis needs to have a more valid assessment of charity care.

Fred Seavey, Health Care Workers Union, Local 250, pointed out the importance of this public policy issue; a report was issued in May which examined the track record of non-profit

hospitals, which are not giving back enough to the community; the Department of Public Health report reinforces the labor report.

Robert Planthold, Disability Community Democratic Club, supports charity care requirements for non-profit hospitals, hospitals are missing in action (MIA) for charity care; encouraged hospitals to work with the community.

Tim Berthold, Health Access, supports appropriate levels of charity care, which are currently less than 1% of patient revenue; hospitals must be held accountable.

Bruce Livingston, Senior Action Network, commented the statistics are revealing; need to keep up standards for non-profit hospitals; need good information for the public; will help disseminate report to seniors.

Julio Mateo, Esq., health policy consultant, commented on the increased commercialization of hospitals which are parts of much larger systems; all hospitals have responsibility to serve the safety net; legal and social obligations need to be met; non-profit hospitals are public benefit corporations.

Ann Mosher, California Pacific Medical Center, does not want a result of less services being provided; welcomes the opportunity to work together and work on a real solution that improves the health of all San Franciscans; the definition of charity care grossly misrepresents the care provided by CPMC.

Written statements were submitted by:

Trish Bascom, Program Director, School Health Programs Department
California Healthcare Association
Ron Smith, Regional Vice President, Hospital Council
Thomas Bolger, Chief Financial Officer, Chinese Hospital
Ann Mosher, Director of Public Affairs, California Pacific Medical Center

These documents are available in the Commission Office.

Note: Commissioner Sanchez left at 5:50 p.m.

Commissioners' Comments:

Commissioner Monfredini would like more accurate information and data to create a better document; need to have individual interviews with each hospital to get full documented information; 3% is not an ugly figure; would like another Commission hearing before this report goes to the Board of Supervisors.

Commissioner Umekubo stated this report is an important step for an escalating problem and a social community obligation; charity care is one part of it; community benefits, medical education, and bad debt need to be considered; where is health care financing going? The private/public sectors need to get together and have a dialogue; Kaiser is a non-profit hospital, which needs to be part of the mix.

Commissioner Chow complimented Ms. Brigham for creating a framework to have this discussion with all parties; hospitals were asked to come up with a report and could not; the whole question is how to collaborate; hospitals may need to redefine their goals; safety net is the target population;

Hill-Burton and MediCal need to be considered; true care to the safety net population should be counted; community benefit programs targeting safety net clients should be counted, Kaiser should be included; the public benefits gained by the hospitals are to be given to the safety net population.

President Guy commented more data is needed; would not like to see solving the access question without defining charity care and community benefits; need to have standards for the hospitals; need to have further discussions; discussions to be directed more towards data and problem-solving than to emphasize good vs. evil; 3% goal is reachable and definable.

Dr. Katz pointed out to Commissioners the question of how much time should be spent on reconstructing figures? He is not sure whether better numbers will solve anything. He recommended time should be spent prospectively on a policy level of what the Commission and Department supports, and spend less time on past data.

President Guy requested a refinement of the data. The Commission will work with the Board of Supervisors on another hearing at the Commission to be held prior to a hearing at the Board level. The Commission may want to consider a policy resolution on charity care at a future Commission meeting.

8) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE

Tangerine Brigham, Director of Policy and Planning, presented an update on the Department's Strategic Planning Initiative (Attachment B).

Commissioner Chow suggested a uniform format for the final report that comes back to the Commission.

Note: Commissioner Parker had submitted written comments on the Department's Strategic Planning.

President Guy again pointed out the importance of integrating the CHN Strategic Plan into the overall Department Strategic Plan. The Department's Strategic Plan also needs to emphasize changes and redirections of the Department.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 7:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

EXECUTIVE SUMMARY

Introduction

Recent activity at the State and local levels has focused on the level of charity care provided by non-profit hospitals. The San Francisco Board of Supervisors held a hearing in May 2000 to discuss the "decline in charity care provided by San Francisco not-for-profit hospitals." As a result of that hearing, the San Francisco Department of Public Health was asked to analyze the level of charity care provided by non-profit hospital and report this information back to the Board.

This report provides a definition of charity care, analyzes the level of charity care provided, discusses the financing of charity care and offers recommendations on how charity care by non-profit hospitals can be increased.

Process

This report was developed by the Department of Public Health. Drafts were circulated to West Bay Conference of Hospital Council, California Association of Public Hospitals, Service Employees International Union Local 250 and Consumers Union. Several of these entities submitted written comments. We did our best to incorporate these comments. However, the role of non-profit hospitals in providing charity care, as well as, the definition of charity care, are very controversial. It is not surprising, therefore, that there is disagreement on aspects of this report. In areas where we could not resolve the disagreements, we used our best judgment and encouraged those with a difference opinion to submit their views, orally or in writing, to the Board of Supervisors and the Health Commission.

Summary of Findings and Recommendations

An estimated 156,000 San Franciscans are uninsured (20% of the total population). Many of them rely on charity care provided by hospitals to access needed primary and acute care services. Most uninsured residents seek care at San Francisco General Hospital, which is the county public hospital and one of the two safety net (Disproportionate Share) hospitals in the City. The uninsured are working adults and parents, children and youth, the indigent and homeless persons. Non-profit hospitals provide both community benefits and charity care. Community benefits are services provided to improve the health status of the entire community (i.e., uninsured, underinsured and insured residents). They include such activities as health education, research, teaching, in-kind donations, medical screening, etc.

This report defines charity care as emergency, inpatient or outpatient medical care provided to those who lack financial resources to pay for their care and without the expectation of reimbursement. As charitable entities, all San Francisco's non-profit hospitals provide some level of charity care. However, this is not based on any legal obligation – non-profit hospitals are not obligated to provide charity care and there is no specified level of charity care that must be provided. As a result, there is wide disparity in the level of charity care provided by hospitals. This variance reflects the ability of non-profits to cross-subsidize the care of the uninsured with other health care

reimbursement, decisions by hospital governing boards on how to spend funds (e.g., operations vs. capital expenses) and other factors.

It is increasingly difficult for all hospitals – public, non-profit and for-profit – to provide charity care. Reductions in payment from Medicaid, Medicare and insurance companies (including HMOs, PPOs and EPOs) lessen the ability of hospitals to cross-subsidize and treat uninsured patients. However, California law states that non-profit hospitals assume a "social obligation" to provide community benefits in the public interest which can be met through the provision of charity care. However, the level of charity care provided by non-profit hospitals has not increased as significantly as the increase in the uninsured population and, generally is far below the national average of 3% of net patient revenue. In fact, charity care constitutes a small percentage of San Francisco's non-profit hospitals' community benefit plans.

This situation negatively impacts uninsured residents, overburdens an already strained San Francisco General Hospital and appears to be out of proportion with the financial benefits that non-profit hospitals reap as a result of their tax-exempt status. In fiscal year 1998-99, the value of charity care and county indigent care provided by the non-profit hospitals was $7.38 million (of which the University of California at San Francisco/Stanford accounted for $2.93 million). However, non-profit hospitals are exempt from paying property and income taxes, and have access to low-cost financing for facility construction and renovation. Their favorable tax status comes with an obligation to care for those needing care regardless of income or health insurance status.

While there is the clear expectation that the City's public hospital – San Francisco General Hospital – be the safety net system for those who have no or little ability to pay for care, this should not eliminate the responsibility of non-profits to also provide charity care. Based on the analysis to date and in recognition of the ability of the City and County to obligate facilities, the following findings and recommendations are made:

Finding 1: Non Profit and Public Acute Care Hospitals

- Hospitals are charitable entities and as such provide benefits to the community.
- California Health and Safety Code § 449.10(a) states that non-profit hospitals are expected to provide "essential health care and others services" in exchange for their tax-exempt status. Non-profit hospitals assume a "social obligation."
- California does not have a legal requirement mandating a specified level of charity care from non-profit hospitals.
- All San Francisco non-profits hospitals provide some level of charity care.
- Seven acute care non-profit hospitals saved $7.7 million in City and County property taxes during 1998-99 fiscal year and $6.4 million in 1999-00 as a result of their tax-exempt status. In addition, they saved an unknown amount in State and federal

corporate income taxes, as well as, savings on tax exempt bonds issued through government agencies such as the California Health Facilities Financing Authority.

- Many San Francisco non-profit hospitals have participated in the low-cost financing programs through the State and federal governments.

- Many San Francisco non-profit hospitals have reported surpluses in recent years.

Finding 2: Defining Charity Care

- Charity care is the direct provision of emergency, inpatient or outpatient medical care to those who lack the financial resources to pay for their care and for which hospitals expect no reimbursement.

- An estimated 156,000 San Franciscans are uninsured (20% of the total population).

- Charity care is provided to those who have no ability to pay for their care such as working uninsured, indigent and homeless.

- Over 14,500 of the Department's uninsured clients reside in zip codes where is a non-profit hospital from which they could receive services on a charity care basis.

- It is unclear whether and how non-profit hospitals notify residents of the hospital's charity care policies.

RECOMMENDATION

Charity care should be defined as "emergency, inpatient or outpatient medical care provided to those who lack financial resources to pay for their care and without the expectation of reimbursement."

San Francisco non-profit hospitals should uniformly establish, post and distribute their charity care policy. The notice should be easily understandable and translated into languages spoken by its patient population. The written policy should include, but not be limited to, the following: (1) eligibility for charity care and (2) services covered.

Finding 3: Level of Charity Care

- Uncompensated care is an overall measure of hospital care provided for which no payment is received. It refers to care provided to those who cannot pay for care (i.e. charity care) and to those who can pay, but for various reasons chose not to (i.e. bad debt).

- The level of uncompensated care provided by San Francisco acute care hospitals from fiscal year 1996-97 to 1998-99 totaled approximately $558.2 million. For all non-profit hospitals, bad debt accounted for 66% of the uncompensated care costs.

- In 1999, a nationwide study found that non-profit hospitals reported spending an average of 3% of their net patient revenues on charity care. Applying this standard, only St. Luke's Hospital met this threshold, when averaging its charity care over the three years examined. Other San Francisco non-profit hospitals provide charity care at less than 1% of their net patient revenues.

- The actual charity care expenditures of non-profit hospitals averaged $5.6 million annually from 1996-97 to 1998-99.

- Based on property taxes, many non-profit hospitals (with the exception of St. Luke's Hospital) are providing charity care below the value of their property tax savings.

RECOMMENDATION

San Francisco non-profit hospitals should provide a level of charity care equal to 3% of their net patient revenues on an annual basis. This is the national average.

Finding 4: Funding Charity Care

- Non-profit hospitals received approximately $5.2 million in government funding for charity care in 1999-00. This figure does not include the tax savings that hospitals realize as a result of their tax-exempt status. SFGH received $135.3 million in government funding.

- Hospitals are experiencing downward pressure on reimbursement rates from Medicare, Medicaid and private insurance. In addition, hospitals face unfunded regulatory mandates, such as seismic retrofitting. This makes it more difficult to provide charity care.

- Non-profit hospitals may have access to their net income to provide charity care.

RECOMMENDATION

San Francisco non-profit hospitals should determine whether a greater portion of their net income from operations or non-operating revenue can be used to provide additional charity care to San Francisco's uninsured residents.

Finding 5: Community Benefits

- Community benefit plans have been submitted by all San Francisco non-profit hospitals. The major categories of benefits are in the areas of:
  - Reimbursement shortfalls on public programs -- ranges from 39% - 79% of community benefit plans,
  - Charity care -- ranges from 1.6% - 13% of community benefit plans and
  - Health research, education and training – ranges from 1% - 46% of community benefit plans.

- San Francisco's 1999 Community Assessment for SB 697, which all hospitals participated in, identified three issues in the top five community needs that relate to charity care: poverty, homelessness and access to health care services.

RECOMMENDATION

Non-profit hospitals should reassess their current distribution of community benefits and insure that they are consistent with the city-wide community assessment submitted by non-profit hospitals. Additional resources and/or existing resources should be redirected towards charity care.

Finding 6: Mechanisms to Mandate Level of Charity Care

- The City and County of San Francisco is pre-empted by state law from mandating non-profit hospitals to provide charity care or a specified level of charity care as a condition of operating.

- The City and County of San Francisco contracts with some non-profits hospitals. However, these contracts are small and are unlikely to provide leverage to increase charity care.

- Other options available to the Mayor and Board of Supervisors would be some form of applicable fee, tax or assessment. A change of this nature would have to be prospective and would be open to court challenge.

RECOMMENDATION

Ideally, highlighting of this issue will result in all non-profit hospitals voluntarily increasing their charity care to 3%. If this does not occur, then the Board of Supervisors has the option of asking the City Attorney if there is a mechanism of requiring a certain level of charity care from each hospital.

The City and County may pursue policy options that would establish incentives for non-profit hospitals to increase their charity care spending to at least the national average.

The City and County's Recorder and Assessors Office should be asked to calculate, on an annual basis, the level of property tax savings accrued to non-profit hospitals. This information should be compared on an annual basis with state and federal income-tax savings, and the level of charity care provided by non-profit hospitals. The tax information should be reported to the San Francisco Department of Public Health.

The Department of Public Health and non-profit hospitals should work collaboratively in a public/private partnership to address the increasing number of uninsured residents ensuring that all hospitals provide an appropriate level of charity care that can help ensure access for uninsured residents.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

TO: Roma Guy, President and
Members of the San Francisco Health Commission

FROM: Mitchell H. Katz, M.D. MHK MD/MB
Director of Health

RE: Departmental Strategic Planning Update

DATE: August 10, 2000

This memorandum provides an update on the Department's strategic planning initiative. For this update, I will focus on the following recent strategic planning activities:

- recommendations from Populations and Programs Sub-Committee,
- recommendations from the Primary Care Internal Assessment Work Group,
- update on the Finance Committee and
- update on the strategic planning work plan indicating progress to date.

This information was presented to the Department's Strategic Planning Steering Committee on August 9, 2000.

POPULATIONS AND PROGRAMS SUB-COMMITTEE RECOMMENDATIONS

In April 2000, the Populations and Programs Sub-Committee presented its preliminary recommendations on the following:

- prioritization of populations to be served,
- appropriateness of developing a single eligibility criteria and
- whether the Department should focus on those clients who do not have a choice of providers.

In February 2000, the Steering Committee also presented its analysis of health mandates based on the work of the City Attorney's Office.

Since April, the Populations and Programs Sub-Committee has focused on completing the remaining components of the work plan. Specifically, the sub-committee's work entailed making recommendations in the following areas:

- guideline regarding development and prioritization services,
- priority programs and services for funding along with guidelines to make decisions,
- appropriate services level/configuration,
- how the Department can strengthen prevention programs,
- methods to integrate physical, behavioral and social services,
- methods to address demographic trends and resulting health needs and
- recommendations on disease/health issues to focus on.

101 Grove Street San Francisco, CA 94102

The following provides a summary of the sub-committee's report and recommendations to the Steering Committee.

Socio-economic factors consistently emerged as a major health status determinant in the local health assessments reviewed by the Populations and Programs Sub-Committee. The ability of San Franciscans to be healthy was affected by poverty, racism, homelessness, child abuse, crime, violence, childcare access, substance and alcohol abuse, mental illness, and unsafe/unregulated environmental conditions. Because income level and educational attainment are inextricably linked to health status, focusing on what produces health and causes disease forces us to acknowledge the social and economic determinants.

The Populations and Programs Sub-Committee believes that the Department's role in health care is complex and diverse. Solutions involve not just medical care—a disease model—but public health, prevention, economic development, housing, education, transportation, and a wide variety of types of social support. Integrated solutions have the potential to have broad impact on community life: in preservation of health, prevention of disease, and improved quality of life. To move to an integrated, interdisciplinary system of care means thinking about medical care in the larger context of the many factors that interact to affect health status and quality of life. It is within this framework that the Populations and Programs Sub-Committee presented its strategic planning recommendations for priority programs.

The Sub-Committee came to most of its conclusions through the review of local data driven community needs assessments. However, the Sub-Committee also drew from the feedback given at town hall meetings involving both community and staff. The community in the following areas echoed Sub-Committee recommendations to:

- incorporate community input and results of community health needs assessments into an on-going DPH planning process that is data driven,
- emphasize prevention and community based programs and
- implement models of health care that recognize socio-economic issues, (homelessness, unemployment, etc.) as determinants of health status.

The Sub-Committee's overarching recommendations are as follows:

1. Focus for Department priority populations should be directed toward San Francisco individuals and neighborhoods that are most vulnerable and have no other choice. However, the Department should continue to make services available to all San Franciscan's who choose us regardless of economic or insurance status.

2. The Director of Health and the Health Commission should prioritize non-health public policies that affect health such as wages, employment, childcare, housing, social safety net, transportation and education policies. The Department should advocate directly to legislative, planning, and policymaking bodies through health analyses of policy debates or through non-governmental partners.

3. The Sub-Committee highly recommends that the Department play an active role in initiating and sustaining partnerships with non-profit, private, governmental,

community and faith agencies to both provide health related services as well as to advocate for structural solutions to root health determinants such as poverty, underemployment, and inadequate housing.

4. The Department should develop consistent eligibility criteria for related services to the same populations.

5. The Department priority programs should reflect data driven local needs assessment findings that describe the critical social and disease issues that affect the priority target population.

6. Dedicate staff to gather needed data and perform recommended analysis insufficient information and analytic resources were available to specifically determine the level and configuration of services needed for the recommended priority populations. To be able to make decisions about program level and configuration, the Sub-Committee is proposing that specific data be gathered and incorporated into the next stage of the strategic planning process.

7. The Department needs to better address its target population by improving the integration of physical, behavioral and social services that it controls. Specific outcomes/ recommendations are proposed in the body of the report to reach this goal.

8. To strengthen prevention programs, the Department should begin by substantially funding a " banner" prevention project that will be addressed by all appropriate services/ programs of the Department. Finance should develop a fiscal strategy for this and other future investment in prevention initiatives.

9. The Department should re-examine the community planning processes, including advisory board, coordinating and planning committees and task force utilization.

10. The Department should explore regionalization of programs if by doing so improves service delivery, quality saves costs and remains responsive to community need.

11. Department programs should be evaluated for effectiveness (cost and health outcomes,) to be used to make annual decisions about program efficacy and priority.

12. The Department should rigorously pursue universal health care initiatives that would broaden the Department's ability to provide health care to the uninsured.

What are the guidelines the DPH should use to develop and prioritize services?
DPH currently does not have consistent criteria to measure program effectiveness or to objectively gauge health issue priority.

Recommendations

- The following criteria should be used by administration and managers to make decisions about a program's effectiveness and its' priority:

1. meets the DPH mission,
2. meets the needs of the target priority populations (reviewed annually)
3. is documented as contributing to the burden of mortality, morbidity, disability, or other disease outcome through local health needs assessments , research or data,
4. meets mandated State and Federal requirements,
5. promotes efficient ways of providing the service e.g. streamline contracts, integrate services department wide, blend funds, community collaborations, regionalization train staff, improve eligibility process,
6. is cost effective relative to alternative services and/or is evidence based ,
7. brings in revenue that helps subsidize priority programs
8. enhances integration, furthering the strategic goal to better integrate social services, housing, physical health, substance abuse, and mental health services,
9. does not duplicate programs and supports collaborations with already established programs in the community, private sector, and with other governmental agencies,
10. reviews best practices nationally, and
11. actively uses clients and client satisfaction measures to rate effectiveness.

- Priority programs should reflect data-driven local needs assessment findings which identify the critical social and disease issues affecting the priority target populations.

- New services provided by DPH should be evidence based, and demonstrate cost effectiveness when compared to existing services, and meet the criteria above.

What should be priority programs and services for funding?
As its mission, the Department provides many of the City's services for the estimated 130,000 uninsured, poor, and under-served. The Department currently provides a wide array of services. These services include, but are not limited to: Children's Medical Services, Chronic Disease Management, Communicable Disease Control/Epidemiology, Conservatorship, Dental Health, Emergency Medical Services, Environmental Health, Health Needs Assessment, Health Needs Promotion/Education, Health Officer, HIV/AIDS/STDs, Home Health, Housing Services, Inpatient and Outpatient Health, Jail Health, Long Term Care and Skilled Nursing, Maternal, Child, and Adolescent Health, Mental Health, Occupational Safety and Health, Primary Care, Public Health Laboratory, Substance Abuse, Trauma Services, Vital Statistics

The Sub-Committee reviewed various reports and needs assessments which outlined the critical health and disease issues impacting the priority target populations identified above. While not ranked in priority order, Table 1 describes the priority issues, diseases and programs for the target population. Asthma, AIDS, breast cancer, heart disease, injuries, mental illness, stroke, substance abuse, and TB were consistently health issues sited as problems for the target populations. Limited access to healthcare and childcare, homelessness, poverty and violence were consistently cited as socio-economic determinants to the target population's health problems.

Recommendations

- Address the health and socioeconomic needs of the priority populations listed below.

TABLE 1 – Priority Socio-economic, Disease and Health Programs
(based on selected data sources)

POPULATION[1]	*SOCIAL DETERMINANTS*	*HEALTH OUTCOMES*
All San Franciscans	Health prevention, disease control and management, violence, environmental, universal health care	Health prevention, disease control and management, violence, environmental, universal health care
No choice, poverty, low income, indigent, uninsured, underinsured, MediCal, working uninsured	Homelessness, limited health care access & child care, poverty, uninsured	Breast cancer, asthma, comprehensive wellness care,[2] mental illness[3]
Tenderloin 94102[4]	Homelessness, violence, crime, limited health care access & child care, poverty, uninsured	HIV, alcohol, tobacco and drug abuse, mental illness, heart disease, stroke[5]
SOMA 94103	Homelessness, violence, crime, limited health care access & child care, poverty, uninsured	HIV, alcohol, tobacco and drug abuse, mental illness, heart disease, stroke[6]
Chinatown 94108/33[7]	Violence, environmental safety, poverty, uninsured	TB, breast cancer
Mission 94110	Homelessness, violence, crime, child abuse, domestic violence, limited child care, poverty, uninsured	Asthma, alcohol, tobacco and drug abuse, HIV, heart disease, stroke[8]
Bayview Hunters Point 94124	Homelessness, violence, crime, poverty, uninsured child abuse, limited health care access & child care,	HIV, asthma, prostate cancer, breast cancer, high hospitalization rate, congestive heart failure, diabetes, stroke[9]
Vis Valley 94134	limited child care access, crime, violence, poverty, uninsured	asthma, heart disease, HIV, stroke, lung cancer,[10]

[1] All listed populations are considered priority, listing is not necessarily in priority order.
[2] SF Housing Authority Priorities 2000, Profile of Injury in San Francisco 12/98,
[3] Blue Ribbon Task Force, SF Housing Authority Priorities 2000, CHN Strategic Planning 1999, SF Childcare Planning and Advisory Council 1999, DPH PHP 00-01 Goals,
[4] The Sub-Committee recognizes that zip codes don't necessarily delineate the borders reflecting health problem or need.
[5] HIV Prevention Planning Council, SF Childcare Planning and Advisory Council 1999, Homeless Death Review, SF DPH Mortality and Morbidity Report 1998, Profile of Injury in San Francisco 12/98,
[6] Homeless Death Review, CHN Strategic Planning 1999, SF DPH Mortality and Morbidity Report 1998 , Profile of Injury in San Francisco 12/98
[7] CHN Strategic Planning 1999, SF DPH Mortality and Morbidity Report 1998
[8] SF Childcare Planning and Advisory Council 1999, Homeless Death Review, CHN Strategic Planning 1999, SF DPH Mortality and Morbidity Report 1998, SF DHS Family and Children Services 1999, Profile of Injury in San Francisco 12/98
[9] SF Childcare Planning and Advisory Council 1999, CHN Strategic Planning 1999, SF DPH Mortality and Morbidity Report 1998, SF DHS Family and Children Services 1999, Profile of Injury in San Francisco 12/98, Condition Critical – Bayview School and Community Asthma Survey, SF Health Plan Asthma Management 1999,
[10] SF Childcare Planning and Advisory Council 1999, CHN Strategic Planning 1999, SF DPH Mortality and Morbidity Report 1998

POPULATION[11]	SOCIAL DETERMINANTS	HEALTH OUTCOMES
Homeless	Homelessness, violence, poverty, uninsured, environmental disease	HIV, alcohol, tobacco, drug abuse, mental health, access to care, case mgmt., comm. disease, 94109, 94105[12] lack of housing, acute upper respiratory infection, drug dependence, accident on street/highway, cellulitis, alcohol abuse, lumbago, hyper-tension, unarmed fight or brawl, pain in limb[13]
Children	Limited child care access	Asthma, immunizations, dental, childcare, housing, child abuse, domestic violence, nutrition[14]
Youth (12-24 yr.)	violence, crime, child abuse, domestic violence	HIV, STDs alcohol, tobacco and drug abuse, mental health,[15]
Frail Elderly	Domestic Violence, injury, homelessness	Long term care,[16]
Families with Children	Domestic Violence, child abuse, homelessness, limited child care access	Domestic Violence, child abuse, homelessness, limited child care access
Immigrants/mono-lingual	Domestic Violence, child abuse, homelessness, limited child care access,	mental illness, , communicable disease, TB[17]
Incarcerated	Homelessness, violence, crime, poverty, uninsured	HIV, communicable disease, TB, alcohol, tobacco, drugs, mental illness[18]
SFGH patients	Homelessness, violence, crime, poverty, uninsured, limited healthcare	alcohol, tobacco and drug abuse, mental illness, long term care, short term drug treatment, residential drug treatment,[19]
Mentally Ill	Homelessness, violence, crime, poverty, uninsured, limited healthcare	alcohol, tobacco and drug abuse [20]
Substance abusers	Homelessness, violence, crime, poverty, uninsured, limited healthcare	alcohol, tobacco and drug abuse [21]
Multiply diagnosed	Homeless, violence, crime, poverty, uninsured, limited health care	

[11] All listed populations are considered priority, listing is not necessarily in priority order.
[12] Homeless Death Review 2000, Treatment on Demand 00-01 Priorities, DPH PHP FY 00-01 Goals, HIV Planning Council, HIV Prevention Planning Council, Injury Profile 12/98, CHN Strategic Planning 1999, SANSHA, DHS 1996,
[13] CHN Utilization Report – Top 10 Diagnoses of Homeless Patients, 1999.
[14] SF DHS Family and Children Services 1999,, Adolescent Health Report 1999, Starting Points Initiative 2000, SF Childcare Planning and Advisory Council 1999, Condition Critical Bayview School and Community Asthma Survey, SFDPH /SFUSD Dental Screening 1997, Yes We Can Asthma Management Program 8/99, DPH Communicable Disease Program,
[15] SF DHS Family and Children Services 1999,, Adolescent Health Report 1999, HIV Planning Council, Community Health Mini Profile BVHP, SF Housing Authority Priorities 2000, , Profile of Injury in San Francisco 12/98, DPH PHP 00-01 Goals,
[16] Injury to Seniors SFDPH 6/99, Profile of Injury in San Francisco 12/98, AB 1040 Long Term Care, SF Housing Authority Priorities 2000
[17] CHN Strategic Planning 1999, DPH PHP 00-01 Goals,
[18] DPH PHP 00-01 Goals, Treatment on Demand 00-01 Priorities, DPH PHP FY 00-01 Goals, HIV Planning Council,
[19] DPH PHP 00-01 Goals, CHN Strategic Planning 1999
[20] Treatment on Demand 00-01
[21] Treatment on Demand 00-01

POPULATION[22]	SOCIAL DETERMINANTS	HEALTH OUTCOMES
Disabled, chronic disease, immuno-suppressed	Homelessness, violence, crime, poverty, uninsured, limited healthcare	Long term care, communicable disease[23]
African Americans	Homelessness, violence, crime, poverty, uninsured, limited healthcare and child care access	asthma, prostrate cancer, breast cancer, HIV, alcohol, tobacco and drug abuse[24]
Latinos	Violence, crime, poverty, uninsured, limited health care child care access,	Asthma[25]
MSMs, Transgenders	Homelessness, violence, crime, poverty, uninsured, limited health care access	HIV, alcohol, tobacco and drug abuse[26]
Males 25-54	Homelessness, violence, crime, poverty, uninsured,	alcohol, tobacco and drug abuse, mental illness[27]
Workers in unsafe environments	Environmental safety, violence, crime, poverty, uninsured, limited health care and child care access,	communicable disease, HIV, STDs,

Recommendation

- The Department priority programs should reflect data driven local needs assessment findings that describe the critical social and disease issues that affect the priority population.

- Priority programs should be ranked by a special planning group consisting of Department leadership and community leaders, who are familiar with overall city-wide health needs and current Department-funded programs. Guidelines & criteria established by the Department Populations and Programs Sub-Committee should assist with recommendations.

What is the appropriate level and configuration of services to meet community need?
The Sub-Committee felt that insufficient information and analytic resources were available to specifically determine the level and configuration of programs. Additionally, Sub-Committee members viewed their role as one where they could map out the vision and strategic goals of the DPH. While the Sub-Committee recognizes that it will be difficult to strengthen or expand new initiatives, there was not consensus support for cutting services to fund new services without sufficient data to support these cuts. This level of detail may be incorporated into the next stage of the strategic planning process. To be able to make such specific decisions about program level and configuration the following recommendation is provided to the Department:

Recommendation
Dedicate staff to gather needed data and perform recommended proposed analysis to answer the questions described below:

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[22] All listed populations are considered priority, listing is not necessarily in priority order.
[23] AB 1040 SF Long-term Care Plan
[24] African American Health Initiative, , CHN Strategic Planning 1999, Condition Critical Bayview School and Community Asthma Survey, SF DPH Mortality and Morbidity Report 1998, Profile of Injury in San Francisco 12/98, SF Health Plan Asthma Management 1999,
[25] Yes We Can Asthma Management SF Health Plan 8/99, DDPH Communicable Disease Program,
[26] HIV Planning Council, HIV Prevention, Treatment on Demand Council 00-01 Priorities
[27] Profile of Injury in San Francisco 12/98

A. How could the Department fulfill its mission? What are the options (using data to form this decision)?
B. Designing an actuarial formula what is the scope of services needed for population health for 750,000 personal delivery services for 100,000?
C. Compare formula to existing public and private resources to identify capacity or gaps

How can the Department better integrate physical health, mental health, substance abuse, and social services currently provided by the Department?
As noted above, socio-economic factors emerged as a major health status determinant in the local health assessments reviewed by the Sub-Committee. Because income level and educational attainment are inextricably linked to health status, focusing on what produces health and causes disease forces us to recognize that complex and diverse solutions must involve not just medical care—a disease model—but public health, prevention, economic development, housing, education, transportation, and a wide variety of types of social support (such as case management).

Recommendation

- The Director of Health and Health Commission should prioritize non-health public policies that affect health such as wages, employment, childcare, housing, social safety net, transportation and education policies. The Department should advocate directly to legislative, planning, and policymaking bodies through health analyses of policy debates or through non-governmental partners.

  The Sub-Committee believes that one area where the Department can greatly improve services for our target population is to improve the integration of services—across various disciplines (primary care, housing, mental health, substance abuse, case management), between Department services and the community agencies that we fund, with other government agencies etc. Integrated solutions have the potential to have broad impact on community life: in preservation of health, prevention of disease, and improved quality of life. To move to an integrated, interdisciplinary system of care means thinking about medical care in the larger context of the many factors that interact to affect health status and quality of life.

  While some progress has been made towards integrating Department services, the system continues to be uncoordinated both culturally and operationally. Protocols for referral, intake, eligibility, case management, IS systems, and program planning and priorities continue to be different among various areas of the Department. The Sub-Committee's sense is that it will take a high level dedication from senior leadership, a strict timeline for outcomes, and effective training of providers to make any significant changes in this area.

- That the Department expedite the integration of Department funded physical health, mental health, substance abuse, housing and other social services (including community based contracted services). Outcomes should include:
  1. Streamlining case management, identifying one case manager who is responsible for the patient, and identifying case management services for high risk clients when appropriate.

2. Providing housing resources with blended health and social services, that would prioritize clients already in the DPH system.
3. Increasing harm reduction substance abuse programs.
4. Integrating IS systems across all divisions.
5. Developing one eligibility process.
6. Fast-tracking referrals for DPH clients (first serving priority populations listed above).
7. Incorporating Education and Prevention programs into services including education on risk behaviors – alcohol, tobacco, drugs, nutrition, physical/sexual activity.
8. Expanding enabling services.
9. Producing an inventory of all mental health, and substance abuse programs that can be used by clinicians to easily refer clients.
10. Providing training to clinicians and staff on integrated models of care.

How can the Department strengthen prevention programs?
The Sub-Committee recognizes that to improve patient health and reduce costly acute care services, additional monies must be invested in primary prevention activities over the long run. Very few federal and state resources exist to fund primary prevention. Thus, a local strategy that invests general funds in prevention is needed.

Recommendation

- The Department's Health Promotion and Prevention Unit should identify one issue that can be addressed by all services of the DPH with a focus on prevention. The criteria to determine this priority initiative should be based on: (1) community need (data driven from local needs assessments), and (2) the availability of other local, state, federal or other grant funding to enhance the support of the project. (3) Addresses a condition that either results in significant documented preventable morbidity, disease or preventable hospitalization

- The Department's Finance Unit develops a fiscal strategy for future investment in prevention projects.

- All major new prevention initiatives should have measures to determine efficacy and cost-efficiency "built in" to the initiatives.

How can the Department increase collaborations to engage the community and other entities in improving community health?
Because the Department is dealing with patients with the most difficult, complex social/health problems identifying and working to solve the root causes of those problems must be an integral part of the delivery of healthcare. And that solution cannot be accomplished without participatory problem solving involving individuals from all relevant parts of the community. Such a major culture shift requires ongoing participation and support from the entire community, including local residents, community-based organizations, the private sector, policy makers, other government agencies, philanthropy and local health care.

Recommendation

- The Sub-Committee highly recommends that Department play an active role in initiating and sustaining partnerships with non-profit, private, governmental, community and faith agencies to both provide health related services as well as to advocate for structural solutions to root health determinants such as poverty, underemployment, and inadequate housing.

  However, Sub-Committee members felt that the manner in which the Department works with the community is not optimal. Currently there is a wide array of Department sponsored community planning advisory bodies that do not work together to coordinate services, thus often duplicating efforts. Reducing and consolidating duplicative processes could add to the Department's available staff resources.

- The Department should to examine the structure for working with community groups: merge some, eliminate some and expand some public/private collaborations. Criteria for community advisory bodies should include:
  1. assigning designated DPH staffing,
  2. ensuring that the goals fit with the DPH mission,
  3. ensuring that there is collaboration among the various planning bodies serving the same clients
  4. ensuring that the groups have measured achievements/impacts

What mandates must DPH address itself; what could be contracted out, regionalized, shared with communities?

Regionalization

Another potential way to improve health outcomes and decrease costs is to regionalize some programs. The City Attorney has reported that recent State legislation has allowed regionalization for such programs as: local public health administration, perinatal health programs, infant medical dispatch centers, child health/disability prevention programs, community drug abuse services, alcohol, drug programs for teens; and emergency medical services.

Recommendation

The Department should explore regionalizing certain programs if they can meet the following criteria that would allow it to:

1. deliver services to a broader population,
2. provide services more efficiently, and promotes economies of scale in an effort to be cost-effective,
3. ensure that services remain responsive to San Francisco community needs.

- The Department should consider evaluating the relative costs and benefits of providing health care insurance to all eligible residents versus providing health care services directly.

How can the Department use data and evaluation to guide program planning and priority setting?
Recommendation

- Evaluation data should be used as a part of establishing annual Department priorities (see criteria in section on determining priorities). This process should be on-going and updated annually to measure programs to ensure that they are still useful and meeting the Department's priorities. The Sub-Committee feels that one barrier that the Department faces in effectively evaluating programs is that evaluation activities are not funded. With cutbacks, programs are often struggling to staff the program component and do not sufficient resources or expertise to conduct evaluations.

- Current resources that exist in the Department (Epidemiology/Evaluation Unit, Research etc.) should be funded or restructured to expand their scope of work so that they can be used to provide technical expertise and assist more Department programs to develop evaluation processes and measure their outcomes.

Other Issues
In addition, the Populations and Planning Sub-Committee made recommendations regarding new resources and universal health care coverage.

New Resources Recommendation

- The Sub-Committee strongly believes that the DPH be rigorous and creative in obtaining new resources. DPH should appoint dedicated staff who research and apply for grants, initiate public/private partnerships, and pursue other funding opportunities.

- Advocate on the federal and state level for legislative changes that would increase flexibility in categorical funding to allow for blending funds that would support collaborations between physical health, mental health and substance abuse services and make funding eligibility consistent for like populations.

Universal Health Care Recommendation
Large losses in federal and state revenues, deficits, and the growing costs to care for the complex needs of the target patients that the Department serves, has compromised the City's ability to continue funding adequate local health and human services. This trend will only be exacerbated, unless universal health care coverage that identifies healthcare funds, defines the pool of eligibles to be served and analyze the initiatives are pursued and implemented.

Deliver of Care vs. Ensurer of Care Recommendation

- The Sub-Committee also discussed the pros and cons of allowing other institutions to provide acute health services for uninsured San Franciscan's at a capitated rate or via a universal health care plan. Some Sub-Committee members felt that doing this would allow the Department to contain rising acute health care delivery costs, expand its focus on core public health activities, and provide oversight for competent and effective service delivery. Other Sub-Committee members felt that the

Department has a demonstrated history of providing quality health care to medically indigent patients, and felt that it was unlikely that another provider could offer services of equal quality for less cost.

- Continue the work with the Mayor, the Board of Supervisors, Department staff (CHN and PHP), other City agencies, the community and other stakeholders to lead and support local planning to implement universal health care coverage initiatives. Planning efforts should build on the work of the Blue Ribbon Committee in outlining:
  1. The existence of external funding to subsidize care costs (e.g. from employees, employers, private sector, federal dollars, grants etc.)
  2. The projected additional numbers of clients, demographic, and healthcare and utilization needs of the defined pool of eligibles
  3. The level and configuration of services needed to support the health care needs of the estimated eligibles,
  4. The infrastructure and capacity needs for the Department to be able to provide the level and configuration of needed services
  5. Options should ensure funding for comprehensive healthcare including behavioral and social services, and the viability of the safety net and prevention initiatives.

PRIMARY CARE INTERNAL ASSESSMENT TASK FORCE RECOMMENDATIONS

The Primary Care Internal Assessment Task Force was convened in April 2000 to provide recommendations on the most efficient and effective way to deliver primary care services within the CHN campus and community primary care clinics. A broadly representative group forms the Department of Public Health, UCSF, the SF Community Clinic Consortium, and the Citywide Advisory Board for Primary Care met to conduct an analysis and provide recommendations. The Task Force's work is a component of the Department's strategic planning initiative. The following provides a brief summary of the Task Force's recommendations. The full report will be provided to the Community Health Network's Joint Conference Committee on August 22, 2000.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment of the existing primary care system delineated the perceptions of staff, community members and clients and was built on a wide array of data. The Department and its primary care system face a period of many challenges. Declining public revenues and the escalating cost of medical care have resulted in structural budget deficits. At the same time, the need for public health care has steadily increased, due in large part to two major population-based crises: the growth in uninsured and other "vulnerable" populations; and the increase in "high-risk, complex" patients. The Department is faced with the difficult task of trying to meet the needs of both of these populations in a time of diminishing resources. Because they drive so much expensive resource utilization, it is critical to address the needs of the high-risk, complex patients. On the other hand, it would require a major shift in the City's historic commitment to the poor and vulnerable to limit access to medical care for these patients.

The Taskforce identified several overarching issues, and preconditions for the efficient and effective operation of any primary care system, which the current Department primary care system is variably successful in meeting, and include:

- data on community health needs
- a defined target population
- adequate support staff
- efficient physical plants.
- MIS support
- staffing which is aligned with stated goals
- functional links within an integrated delivery system
- ability to manage care

The Primary Care Internal Assessment Task Force chose to concentrate its analysis on two populations: the vulnerable and the high risk. The Department is faced with the difficult task of trying to meet the needs of both the vulnerable and high risk, complex populations at a time of structural budget deficit described above. Choosing between these two populations is not simple. It is not practical to de-emphasize the needs of high risk, complex patients because they drive so much expensive resource utilization. It would require a major shift in the City's historic commitment to the poor and vulnerable to simply limit access to medical care for these patients who have historically utilized the safety net system, and who may find it difficult to find care in a private system. Currently, the uninsured and underinsured constitute nearly half of all Department primary care patients.

The recommendations of the Task Force contain the following themes:

- Balancing the Needs of Vulnerable and High-Risk, Complex Populations: The Department's primary care system must improve its ability to manage high risk, complex patients, because of fiscal realities and the strategic direction adopted by DPH to treat clients in the most appropriate and least restrictive level of care.

- Access Issues: Access to primary care services is a critical issue at most primary care clinics, specifically for high-risk, complex patients. Increasing outreach to high-risk, complex populations; expanding urgent care services; ensuring culturally competent services will improve the Primary Care systems ability to serve all patients.

- Enhancement of Multidisciplinary Systems of Care: Successful treatment models or "systems of care" exist for some, but not all high risk, complex populations. Systems of Care require appropriate client support services, effective case management, integration with mental health and substance abuse services, and multidisciplinary models of service provision.

- Service Integration: Service integration is essential to meet the needs of high-risk, complex patients and to enhance systems of care. Integration must be supported by collaboration between administrative units.

- Collaboration Between Administrative Units: Integration of services must be supported by collaboration between administrative units within the Department, community-based organizations funded by the Department, other City agencies and the San Francisco Community Clinic Consortium. Improved collaboration across administrative units requires a supportive environment and possibly a mandate from Department leadership.

- Regional Strategies: Regional planning for health care is necessary to meet the needs of San Francisco communities and maximize the resources of multiple delivery systems. Regional planning should involve Department primary care clinics, San Francisco Community Clinic Consortium clinics, Community Mental Health Services, Community Substance Abuse Services, and CBO's. Potential outcomes such regional planning efforts would be to co-locate services, consolidate services to improve efficiency, and better target and integrate services, as directed by local community needs.

- Funding Recommendations with Limited New Resources: The first funding option should be creation of augmented resources out of efficiencies. Redirecting resources within Primary Care and the rest of the Department could be part of the funding plan for any new initiatives adopted. Resource redirection should be done in such a way that it minimizes any adverse effects on services for vulnerable populations.

The Taskforce's recommendations are designed to develop or enhance multidisciplinary Systems of Care for high risk patients, and to improve the ability of primary care providers to manage the care of high risk patients at the most appropriate level of care. Both improved quality of care and more cost-effective care are the ultimate goals. The Task Force defined five goals for the Department Primary Care system and presents its recommendations as they pertain to these goals. The goals and major recommendations are:

Goal 1: Respond to target population health needs and ensure the appropriate level of care.

- Continue to serve vulnerable patients and prioritize high risk, complex patients for services.
- Phase out commercial managed care contracts.
- Match clinic services with target populations.

Goal 2: Increase access to the primary care system.

- Prioritize for Primary Care services patients receiving care in other Department programs.
- Ensure that Department Primary Care patients are prioritized for the Department and Department-funded services.
- Reconfigure urgent care services to better meet the needs of existing Primary Care patients and unaffiliated patients.

- Target Department outreach services to high risk, complex patients, and refer them for primary care.

Goal 3: Strengthen services, fill gaps and maximize resources.

- Ensure collaboration between Primary Care and mental health, substance abuse, and social services.
- Create a Service Integration Task Force to guide integration, planning and implementation.
- Initiate intra-city regional planning efforts in which Department Primary Care clinics join with local agencies to better integrate services, including co-location of primary care with mental health and substance abuse services.
- Strengthen case management services by coordinating assignment of case managers by Department programs and Department-funded CBOs; targeting case management resources to high risk, complex patients; and strengthening social work resources.

Goal 4: Provide staff and trainees with the necessary skills to serve primary care patients.

- Provide training for Primary Care staff in the care of high risk, complex patients.
- Ensure teaching opportunities at Primary Care clinics.

Goal 5: Ensure effective and efficient administration.

- Maintain interdisciplinary management teams at each clinic site.

FINANCE SUB-COMMITTEE UPDATE

The Finance Sub-Committee has created work groups to complete its work plan. The work groups are comprised of Department and community representatives. The Finance Sub-Committee is scheduled to present its preliminary recommendations to the Steering Committee on September 13, 2000. The seven components of the Finance Sub-Committee work (along with deliverables) is noted below:

1. Recommend approaches for funding reductions and to revenue enhancements

   Revenue Enhancement

   - Use Corporate America and Silicon Valley methods as a model to seek revenue enhancement
   - Review and analyze State and Federal budgets to determine if additional revenue can be allocated for health services
   - Develop ways to increase client and program eligibility to federal and state-funded programs.

   Expenditure Reductions

   - Gather and analyze productivity, financial, and program evaluation data to develop recommendations on how to make expenditure reductions
   - Use needs assessment information to make recommendations on program reductions

2. Develop recommendations on financial benchmarks (revenues and expenditures)
   - Research current benchmarks in marketplace
   - Do inventory of existing financial indicators
   - Determine how the indicators are used at DPH
   - Recommend approaches to using benchmark information to improve services, increase revenues or reduce expenditures

3. Conduct financial analysis to determine whether indigent patients are cross subsidized by paying patients
   - Perform financial analysis to evaluate if Medi-cal and Medi-care revenues subsidize services to indigent patients
   - Determine the financial impact of reducing and/or increasing census or patient visits

4. Develop recommendations on approaches to blend funding for service integration
   - Identify successes and barriers to blending funding with other agencies
   - Identify ways to blend DPH funding among different organizational units to provide integrated services
   - Identify challenges that exist to blending resources and ways to overcome barriers
   - Develop recommendations for specific programs or pilot program whereby resources can be blended in order to maximize revenues and integrate services.

5. Recommend options to improve contract development, monitoring and payment process
   - Identify recent developments to streamlining contract process, including standardization of forms and processes.
   - Review plans for phase 2 which includes performing workflow analysis, automating contract development using web-based technology, developing electronic approval and signatures, and electronic data tracking and reporting.
   - Develop plan for phase 3 to include on-line invoicing and electronic payment to vendors.
   - Develop strategy for centralized and streamlined monitoring and evaluation

6. Examine benefits for using E-government for health department users
   - Work with MIS to make E-government a priority in the three year MIS plan
   - Develop a forum to gather input on needs, priorities
   - Recommend applications to use E-government to facilitate communication and work with the public, Department patients and clients, vendors, and other governmental entities.

7. Recommend options for infrastructure improvements to be included in future bond issue.
   - Recommend scope of new bond proposal, including use of red brick buildings at SFGH

- Develop recommendations to reduce the cost of leasing space for city and contract agencies.
- Develop recommendation on use of bond program to develop school based health services at SFUSD sites.
- Develop strategy to assist non-profit agencies to leverage funding to access capital improvement resources.

COMMUNITY AND STAFF TOWN HALL MEETINGS

During the later part of September, October and early November 2000, the Department will hold a series of town hall meetings with staff and the community to obtain their feedback on the recommendations. In addition, the recommendations will be presented to the Department's joint conference committees in late September. These town halls will provide the community and staff to see how their comments and suggestions have been incorporated into the process.

I would like to thank the Steering Committee, sub-committee and staff members for their hard work to bring the process to this point.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLANNING INITIATIVE
PROPOSED PROJECT WORK PLAN (WITH TASKS AND TIMEFRAMES)

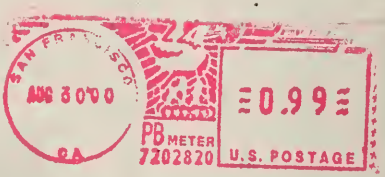
		MONTH AND YEAR																	
		1999					*2000*												
		Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
SUB-PHASE	*TASK*																		*STATUS*
A. Identify Strategic Planning Initiative Develop Planning Structure and Time Line	A.1 Make presentation to Health Commission	■	■	■															Made 8/3/99; approved by HC
	A.2 Develop overall planning Process and timeline		■	■															Completed
	A.3 Finalize committee structure		■																Completed
	A.4 Hold orientation meeting goals, process and timeline			■															Completed
B. Review Findings of External & Internal Assessment	B.1 Review and refine external assessment – trends in health field	■	■	■															Completed
	B.2 Conduct focus groups with staff (CA, CHN and PH&P)		■	■	■	■													Completed w/i CA, CHN and PH&P
	B.3 Summarize community advisory council reports		■	■															Completed
	B.4 Review and summarize public health mandates			■	■														Completed
C. Develop Communications Plan	C.1 Define populations to reach				■														Completed
	C.2 Develop strategic planing briefing packet and materials				■														Completed
	C.3 Develop Web Site		■	■															Completed
	C.4 Develop external and internal components				■	■	■												Completed
	C.5 Develop schedule & content for community forums				■	■	■												Completed
	C.6 Develop evaluation component						■												Completed
	C.7 Steering Comm. approval of communications strategy						■												Approved 1/12/00

Updated 08/10/00

Attachment 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Roma P. Guy, M.S.W.
President
John I. Umekubo, M.D.
Vice President
Edward A. Chow, M.D.
Commissioner
Ron Hill
Commissioner
Lee Ann Monfredini
Commissioner
Harrison Parker, Sr., D.D.S.
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David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

September 5, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

AUG 3 1 2000

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 15, 2000**

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **DPH-Administration –** Annual Report of Gifts Received in FY 1999-00.
**Calendaring request memo/Summary of Gifts*

(3.2) **Central Administration –** Request for approval of a resolution authorizing the Department of Public Health to accept and expend 36 recurring grants from the State of California for FY 2000-01.
**Calendaring request memo, Resolution, Recurring grants-Schedule A*

(3.3) **Central Administration** – Request for approval to accept and expend retroactively $101,976 in funds from the University of California, Universitywide AIDS Research Program, for the first year of a two-year study, for a prospective outcome evaluation of care coordination in San Francisco, for the period of April 1, 2000 through March 31, 2001.
**Calendaring request memo, Grant application information form, Award notice*

(3.4) **PHP-CHSS-HIV Research** – Request for approval to accept and expend retroactively $896,321 in funds from the University of California, San Francisco, for the first year of a five year project: The Zimbabwe-San Francisco HIV Prevention Trials Unit, for the period of July 1, 2000 through June 30, 2001.
**Calendaring request memo, Grant application information form, Budget form*

(3.5) **PHP-CHSS-HIV Research** – Request for approval to accept and expend retroactively $174,261 in funds from The Fred Hutchinson Cancer Research Center, for the first year of a five-year project: The HIV Vaccine Trials Network Leadership Group, for the period of September 1, 1999 through August 31, 2000.
**Calendaring request memo, Grant application information form, Budget forms*

(3.6) **PHP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, in the amount of $72,522 per year, for a total of $145,044, to provide HIV prevention services targeting Latino/a youth, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Instituto for services totaling $5,997,380 during FY 1998-99).
** Calendaring request memo, Client demographic information, Monitoring report summary*

(3.7) **PHP-HIV Prevention** – Request for approval of a retroactive contract renewal with Polaris Research and Development, Inc., in the amount of $239,641, to provide logistical, management and technical support and process evaluation services to the HIV Prevention Planning Council, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Polaris for services totaling $853,779 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary*

(3.8) **PHP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, in the amount of $51,092 per year, for two years, for a total contract amount of $102,184, to provide HIV prevention services targeting Latino/a youth ages 18-24 and transgender persons ages 18-50, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Instituto for services totaling $5,997,380 during FY 1998-99).
**Calendaring request memo, Client demographic information, Monitoring report summary*

(3.9) **PHP-HIV Prevention** – Request for approval of a contract renewal with Westside Community Mental Health Inc. (WCMH), in the amount of $133,382 per year, for two years, for a total contract amount of $266,764, to provide HIV prevention services to African American adolescents and women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with WCMH for services totaling $13,932,678 during FY 1998-99).
** Calendaring request memo, Client demographic information, Monitoring report summary*

(3.10) **PHP-HIV Prevention** – Request for approval of a contract renewal with Iris Center: Women's Counseling and Recovery Services, in the amount of $127,747 per year, for two-years, for a total of $255,494, for the provision of HIV prevention services for women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Iris Center for services totaling $1,261,484 during FY 1998-99).

Calendaring request memo, Client demographic information, Monitoring report summary, Monitoring report update for FY 1999-00

(3.11) **PHP-Health Promotion –** Request for approval of a contract renewal with CAHEED, Inc., in the amount of $136,290, to provide Black Infant Health Improvement Program perinatal services targeting high-risk African American women and infants, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAHEED for services totaling $366,259 during FY 1998-99).
Calendaring request memo, Client demographic information, Monitoring report summary

(3.12) **PHP-CSAS –** Request for approval of retroactive modification with Family Service Agency of San Francisco (FSA), in the amount of $190,826, to provide substance abuse outpatient services targeting dually diagnosed individuals, 55 years and older, and a request for approval of a sole source modification in the amount of $136,111 for credentialing services for the Mental Health Provider Systems office, for a total modification amount of $326,937, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with FSA for services totaling $4,689,969 during FY 1998-99).
Calendaring request memo

(3.13) **CMHS-Family Mosaic –** Request for approval of annual renewal contract with Family Mosaic Project, in the amount of $942,477, to provide various wrap-around services through the following six (6) agencies, targeting seriously emotionally disturbed children, for the period of July 1, 2000 through June 30, 2001.

Contractor	Type of Service	Proposed FY 00-01 Transaction
Big Brothers/Big Sisters of San Francisco	Mentoring & Social Services	$15,362
JLC Services	Mentoring Services	$165,000
Lincoln Child Center	Sub-Acute Residential Treatment	$254,558
RISE Institute	Mentoring Services	$135,000
San Francisco Educational Services	Tutorial Services	$60,000
Victor Treatment Centers	Sub-Acute Residential Treatment	$312,557

Calendaring request memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION FOR THE DEFINITION OF HOMELESSNESS**
** Resolution*

6) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION ON HARM REDUCTION**
** Resolution*

FOR DISCUSSION: PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGES ON HEALTH CARE SERVICES OF THE COMMUNITY AT PACIFIC COAST HOSPITAL:

SUSPENSION OF THE LICENSE FOR 20 ACUTE CARE BEDS AND INPATIENT/OUTPATIENT SURGERY

**Information*

8) OTHER BUSINESS/PUBIC COMMENTS*

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

9) CLOSED SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a).)

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

OLLIE FERGUSON V CCSF, CASE # C98-01463 MHP, CASE # 308092, PROPOSED SETTLEMENT FOR $20,000

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

CALIFORNIA GOVERNMENT CODE SECTION 54956.9(a)

DAVIS ET AL V CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ET AL, U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA, CASE # C00 2352 SBA (FILED JULY 13, 2000)

D. **RECONVENE IN OPEN SESSION:**

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for MUNI and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decision in full view of the public. Commission, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone (415) 554-7724
Fax (415) 554-5163
E-Mail: Donna_Hall@ci-sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Executive Secretary

TEL: (415) 554-2666
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MINUTES
HEALTH COMMISSION MEETING

Wednesday, September 5, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:08 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Lee Ann Monfredini

On behalf of the Commission, President Guy presented a special Certificate to Eric Miller, Director of Facilities and Plant Services, for his 15 years of dedicated service to the Department of Public Health. Tony Wagner, CHN Executive Administrator, and Gene O'Connell, SFGH Executive Administrator, also expressed words of appreciation for Mr. Miller's work.

2) APPROVAL OF THE REGULAR MEETING OF AUGUST 15, 2000

Action Taken: The Commission adopted the minutes of the meeting of August 15, 2000, with the technical correction on page 8, third line, (Attachment A).

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **DPH-Administration** – Annual Report of Gifts Received in FY 1999-00.

(3.2) **Central Administration** – Request for approval of a resolution authorizing the Department of Public Health to accept and expend 36 recurring grants from the State of California for FY 2000-01.

(3.3) **Central Administration** – Request for approval to accept and expend retroactively $101,976 in funds from the University of California, Universitywide AIDS Research Program, for the first year of a two-year study, for a prospective outcome evaluation of care coordination in San Francisco, for the period of April 1, 2000 through March 31, 2001.

Commissioner Sanchez abstained due to conflict of interest.

(3.4) **PHP-CHSS-HIV Research** – Request for approval to accept and expend retroactively $896,321 in funds from the University of California, San Francisco, for the first year of a five year project: The Zimbabwe-San Francisco HIV Prevention Trials Unit, for the period of July 1, 2000 through June 30, 2001. Also, approval of a sole source contract with Public Health Foundation Enterprises, Inc. (PHFE), for $197,254 for the period July 1, 2000 through June 30, 2001.

Commissioner Sanchez abstained due to conflict of interest.

(3.5) **PHP-CHSS-HIV Research** – Request for approval to accept and expend retroactively $174,261 in funds from The Fred Hutchinson Cancer Research Center, for the first year of a five-year project: The HIV Vaccine Trials Network Leadership Group, for the period of September 1, 1999 through August 31, 2000.

(3.6) **PHP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, in the amount of $72,522 per year, for a total of $145,044, to provide HIV prevention services targeting Latino(a) youth, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Instituto for services totaling $5,997,380 during FY 1998-99).

(3.7) **PHP-HIV Prevention** – Request for approval of a retroactive contract renewal with Polaris Research and Development, Inc., in the amount of $239,641, to provide logistical, management and technical support and process evaluation services to the HIV Prevention Planning Council, for the period of January 1, 2000 through December 31, 2000. (DPH contracted with Polaris for services totaling $853,779 during FY 1998-99).

The Department will revisit the criteria for this contract and will be sending out another RFP.

Commissioner Parker expressed concern with the monitoring report and encouraged the Department not to accept inadequate contractors. He would like to see periodic reports.

Commissioner Hill requested an update be submitted to the Executive Secretary to the Health Commission in 30 days.

(3.8) **PHP-HIV Prevention** – Request for approval of a contract renewal with Instituto Familiar de la Raza, in the amount of $51,092 per year, for two years, for a total contract amount of $102,184, to provide HIV prevention services targeting Latino(a) youth ages 18-24 and transgender persons ages

18-50, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Instituto for services totaling $5,997,380 during FY 1998-99).

Commissioner Parker observed the inadequate funding for the number of unduplicated clients.

(3.9) **PHP-HIV Prevention –** Request for approval of a contract renewal with Westside Community Mental Health Inc. (WCMH), in the amount of $133,382 per year, for two years, for a total contract amount of $266,764, to provide HIV prevention services to African American adolescents and women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with WCMH for services totaling $13,932,678 during FY 1998-99).

Commissioner Parker pointed out this contract is underfunded and that this contractor is losing personnel.

Commissioner Sanchez encouraged the Department to increase funding based on performance.

(3.10) **PHP-HIV Prevention –** Request for approval of a contract renewal with Iris Center: Women's Counseling and Recovery Services, in the amount of $127,747 per year, for two-years, for a total of $255,494, for the provision of HIV prevention services for women, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with Iris Center for services totaling $1,261,484 during FY 1998-99).

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Victor Treatment Centers	Sub-Acute Residential Treatment	$312,557

Commissioner Parker complimented the program for its excellent monitoring program.

Commissioner Sanchez emphasized the importance of having the multilingual staff capacity. The Department sees the importance of bringing new young people into the field.

Commissioner Chow commended the Department for comprehensive information for #3.1. He also requested a progress report on the implementation of Policy #24 to the full Commission in October or November. He pointed out that non-service providers (i.e. advertising, evaluation) also need to have cultural competency.

Commissioner Umekubo requested clarification on the criteria and process for 2-year renewals for prevention contracts.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.3 and #3.4.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Medi-Cal Managed Care

The State Department of Health Services has expanded the mandatory Medi-Cal managed care population. Effective July 2000, the State will begin converting children in the 100%, 133% and 200% of federal poverty level aid categories (aid codes 47, 72, 7A, 8P and 8R) who are still in fee-for-service Medi-Cal to mandatory enrollment in Medi-Cal managed care plans. This will occur in two-plan model, geographic managed care and County organized health systems counties.

The State has received approval from the federal Department of Health and Human Services to begin this conversion. Children in these aid categories are:

- Aid Code 47: Infants up to one year old in families at or below 200% FPL,
- Aid Codes 72 and 8P: Children 1 to 6 years of age in families at or below 133% FPL, and
- Aid Codes 7A and 8R: Children 6 to 19 years of age in families at or below 100% FPL.

As of January 2000, the number of children statewide in percent of poverty aid codes was 226,445, with 170,397 in fee-for-service Medi-Cal. This change will affect 23 counties. In San Francisco, there are 3,346 children in these aid codes – 486 of which are already enrolled in either the San Francisco Health Plan or Blue Cross. The distribution is as follows:

	AC 47	AC 72	AC 7A	AC 8P	AC 8R	Total
Fee-For-Service Eligibles	645	1,349	866	0	0	2,860
Managed Care (Voluntary)				0	0	
Blue Cross	28	100	65	0	0	193
SFHP	47	149	97	0	0	293
Totals	720	1,598	1,028	0	0	3,346

The mandatory enrollment of children currently in the percent of poverty aid categories will be phased in from July 2000 to October 2000. The Health Care Options program contractor (MAXIMUS) will handle the mailing and enrollment process. Notices will be sent to parents informing them of the need to select a health plan for their children. In addition to informing the participating health plans of this change, the State has also sent notices to community-based organizations in the affected counties.

Healthy Families

More than 300,000 children have been enrolled in the State's Healthy Families Program. San Francisco's enrollment is approximately 8,000 children. While the State continues to enroll more children each month, it should be noted that approximately 2 million children are still uninsured.

To ensure that the State Child Health Insurance Program (CHIP) is successful nationwide, the federal government has provided more flexibility to States. Specifically:

- President Clinton has signed the Agricultural Risk Protection Act of 2000 (HR 2599), which gives States and School Districts the option to share information from school lunch applications with state Medicaid and CHIP agencies. This provision enhances the ability of States to identify children eligible for benefits and enroll children in these programs. This provision goes into effect October 1, 2000.

- The Department of Health and Human Services issued a policy notice indicating that it will consider Section 1115 demonstration proposals that will expand coverage and improve enrollment, health care outcomes and access to health care services for children. DHHS further states that it will support demonstration initiatives to extend coverage to low-income parents, within the constraints of the State CHIP law and available funds. The notice states that DHHS will only consider Section 1115 demonstrations once a State has had at least one year of experience providing child health insurance under State CHIP. In addition, DHHS further states that a State must provide assurances that it has met the primary purpose of State CHIP before demonstration projects will be considered.

- The DHHS approved California's Healthy Families State plan amendment to allow a Family Contribution Sponsor to pay a child's Healthy Families premiums for the first year of enrollment. A sponsor must register with the Managed Risk Medical Insurance Board and cannot be a Healthy Families provider, government entity, school, participating plan or a non-profit or charitable organization that operates a facility that is a provider in Healthy Families.

The State has issued its most recent report on the utilization of traditional and safety net (TSN) providers within the Healthy Families Program. Based on calendar year 1999 data, the key findings are:

- The proportion of children enrolled in plans using a primary care physician model and who are using TSN primary care providers was 51 percent. For the San Francisco Health Plan, 100% of the enrollees had TSN providers.

- Seventy-nine (79%) of those children with a TSN provider as their primary care physician selected the provider; the remaining 21% were assigned by their health plan. No assignments were made to TSN providers by the San Francisco Health Plan.
- More than half of the Asian/Pacific Islander and Hispanic/Latino children, in health plans using a primary care physician model, were receiving services from a TSN provider.

- Families whose primary language was not English were more likely to be receiving care from a TSN provider.

Drug Treatment Diversion Program Initiative
Eight statewide initiatives have qualified for the November 2000 ballot. Proposition 36 would require drug treatment for nonviolent drug offenders rather than incarceration. Offenders convicted of nonviolent drug possession offenses would be sentenced by the court for up to one year of drug treatment in the community and up to six additional months of follow-up care. The ordered drug treatment programs could include various types of treatment methods, including residential and outpatient services and replacement of narcotics with medications, such as methadone. Certain offenders would be excluded from Proposition 36 including:

- offenders who refuse drug treatment,
- third strike offenders,
- individuals in possession of a firearm,
- offenders who have failed drug treatment programs required under this measure two or more times,
- and offenders who were found by the Court to be "unamenable" to any form of drug treatment.

The initiative appropriates $60 million in State General Funds for 2000-01 and $120 million each year thereafter until 2006, at which time funding would be subject to the State's budget process. Funds would be allocated each year to county governments to offset their costs of implementing this measure. The Legislative Analyst's Office estimates that after several years this initiative will save the State between $100 million and $150 million annually due primarily to lower costs for prison operations. Counties are anticipated to experience a net savings of about $40 million annually due to lower jail populations. Both Mayor Brown and the San Francisco Board of Supervisors have given their support to Proposition 36.

20th Annual Municipal Fiscal Advisory Awards –
Each year, the Municipal Fiscal Advisory Committee to the Mayor (MFAC) selects a number of managers to receive the Public Managerial Excellence Awards.

This Department was privileged to submit three top managers for this year's nominations: Anne Kronenberg, Executive Assistant from Central Administration; Larry Funk, Executive Director of Laguna Honda Hospital from the Community Health Network; and Norm Nickens, Deputy Director for EEO, Affirmative Action and Cultural Competency from Population Health and Prevention. Although none of these managers were selected as winners this year, they will be recognized at the awards luncheon and reception in October.

Personnel
Michael Brown, Personnel Officer currently assigned to HR Labor Relations at SFGH has been reassigned to the 101 Grove HR office, replacing Kin Gee, who has moved to Rec and Park. Michael's assignments include HR Labor Relations for Central Admin, PH&P, and CHN – Forensics and Primary Care. Michael will be spending some of his time at both locations until we complete the selection process to replace Kin Gee.

POPULATION HEALTH AND PREVENTION

HCV Conference

The Health Department was well represented at the recent Fourth International HCV Conference held in the City, August 10-13. The conference theme was *"Moving Hepatitis C to the Top of the Agenda"* and was co-sponsored by the Department. Numerous Health Department staff including Tomas Aragon, Director of Disease Prevention and Control; Barbara Garcia, Director of Population Health and Prevention and Dr. Mitch Katz made presentations on HCV prevention and treatment efforts in the City, as well as the plans for future expanded services to address this emerging disease.

Postal Urine Screening Project

The Department's STD Branch is currently engaged in a pilot project testing the feasibility of a new way of screening for STD's. The new type of DNA test allows for a urine specimen to be unrefrigerated for relatively long periods of time before testing. The new approach -- dubbed Postal Screening because specimens are sent through the mail -- takes advantage of this.

Gonorrhea and chlamydia are the two most common bacterial sexually transmitted infections and are at elevated rates among several communities in San Francisco. Because untreated STD's are associated with HIV transmission (and the rate of new HIV infections appears to be increasing) new methods to find and treat STD's are important. Research suggests that diagnosing and treating STD's will reduce the spread of HIV. For all of these reasons, the Department is trying Postal Screening in an attempt to reach those that do not regularly seek STD screening.

Postal Screening allows people to be tested without leaving the privacy of their own homes. Individuals pick up a testing kit or receive them by mail, provide a urine specimen, and mail it back in the boxes provided. The postage is pre-paid and pre-addressed to DPH. Testing is free and confidential. Names are requested to provide a reliable method of contact should the test be positive.

Testing kits are currently available at the pharmacy of Walgreen's on 18th Street at Castro and at the nearby Market Street Gold's Gym. This form of screening is entirely new and, like many of the programs coming out of Dr. Klausner's STD Branch, is unprecedented in the United States.

The trial run continues this week through tomorrow (August 16th) and will be continued if it is successful. Dr. Katz will keep the Commission apprised of the test outcomes.

Newcomers Health Program

Newcomers Health Program of the Community Health Promotion and Prevention Branch would like to congratulate staff member, Samira Causevic, for being chosen by refugee service providers in San Francisco to represent them at the 2000 National Women's Refugee Leadership Conference.

Resignation

Joe Abrego, Information Technology Manager for Population Health and Prevention resigned from the Department of Public Health to accept a technical management position at MUNI. Joe was instrumental in the development of key IT functions for the Department.

S.F. Immunization Coalition will receive Grant Award

The San Francisco Immunization Coalition will receive $30,000 grant from Mt. Zion Health Fund.

The Coalition has been addressing the disparities in immunization rates among priority populations, beginning with the African American community. The newly awarded grant will be used to run focus groups aimed at identifying barriers to on-time infant and toddler immunization.

Dental Services for Homeless

The Department's Dental Services branch has been awarded $170,000 through "Healthcare for the Homeless" funds to build a dental clinic at Tom Waddell Health Center. Tom Waddell has approximately 9000 homeless clients. Dr. Katz will keep the Commission members informed of a start-up date for these badly needed services.

COMMUNITY HEALTH NETWORK

2000 Physician Leadership Program for Medical Directors and Department Chiefs and Chairs

Elizabeth Johnson, MD, Talmadge E. King, MD, Lori S. Kohler, MD, Renee Navarro, MD, Lisa Pascual, MD and Melissa Welch, MD, have been selected to participate in the *"2000 Physician Leadership Program for Medical Directors and Department Chiefs and Chairs"*. This is a two-day session that will be conducted in San Francisco on September 11-12.

Participants in the program will develop and enhance their leadership strategies with a team of physicians from their institutions. This program is specifically designed to meet the needs and demands of safety net institutions and will provide in-depth training and mentoring to physicians who have executive level operational responsibilities.

LHH Facility Replacement Project Status Report

Michael Lane, Project Manager for the LHH Replacement Project announced the final rankings of the three Executive Architectural teams competing for the project. Anshen and Allen with Gordon Chong and Associates ranked in first place, the Laguna Honda Design Consortium ranked second, and Kaplan McLaughlin and Diaz with Gearson Overstreet ranked third. After a public review process, the City will initiate negotiations for professional fees with the successful team. Mr. Lane is hopeful that programming and design work can commence in September. Meanwhile, work on the preliminary environmental impact report continues.

LHH Prepares for Annual Licensing Survey

Laguna Honda Hospital is expecting its annual unannounced State Licensing and Certification survey at any time. Staff is preparing the Hospital environment and clinical programs for the survey process. Dr. Katz will advise the Commission when the survey process begins and the results as soon as they are available.

Announcement of New Chief Nursing Officer

Dr. Katz announced Sue Currin is returning to SFGH October 6th after a two-year hiatus as the Chief Nursing Officer. For the past two years, Sue has been at Oakland Kaiser Permanente Hospital and Health Plan serving as the Quality and Service Leader for the East Bay Service Area.

Dr. Katz thanked Joseph Pendon for serving as Interim Chief Nursing Officer. Joseph will return to his role as the Director of Medical Surgical Nursing when Sue arrives in October.

Departure of Eric Miller, Director of Facilities and Plant Services

Dr. Katz announced that Eric Miller, Director of Facilities and Plant Services for the Department of Public Health, will be leaving September 15th. Eric worked for DPH in various capacities for the last 15 years. Eric is leaving the Department to go and work for Oakland Kaiser Permanente Hospital and Health Plan. A farewell reception will be held September 13th from 4:00 to-5: 30 p.m. in the SFGH Main Cafeteria.

Successful Inspection of San Francisco General Hospital's Mammography Services
Congratulations to San Francisco General Hospital Medical Center's Department of Radiology for receiving the highest score in their latest federal Mammography Quality Standards Act (MESA) and California State inspection of Mammography Services.

The inspection compared specific items in six major areas (equipment performance, technologist quality control, medical physicist survey, personnel qualifications, medical reports and outcome audits) to required standards.

Thank you to Ernest Ring, MD, Chief of Radiology; Lori Strachowski, MD, Director, Mammography Services; Richard Hollingsworth, Director of Radiology; Joan Patropolos, Radiology; Gayling Gee, Associate Administrator; and all of the Mammography staff in assuring the quality of mammography services at San Francisco General Hospital Medical Center.

Mental Health Rehabilitation Facility – Recipient of APNA's Best Practices Award
The Mental Health Rehabilitation Facility Program has been selected to receive the American Psychiatric Nurses Association BEST PRACTICES AWARD for Best Treatment of Schizophrenia in an Inpatient Program.

Drs. Mozettia Henley and Peggy Wilson submitted the proposal *"Beyond Old Boundaries: A Nursing Model for the New Millennium,"* which was selected for the award. Dr. Henley serves as the Program Director of the Mental Health Rehabilitation Facility and Dr. Peggy Wilson is the Clinical Nurse Specialist for the Mental Health Rehabilitation Facility.

The award will be presented at the opening of the 14th Annual APNA Conference in Washington, D.C., on October 25, 2000.

SFGH Medical Staff Credentials Report

	8/00	2000 YTD
New Appointments	12	123
Reinstatements	1	8
Reappointments	22	252
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	17	109
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	0	1
Voluntary Relinquishments	0	0

Commissioner Chow inquired about the status of mammography services. Gene O'Connell reported no decisions have been made yet; the Department is exploring how to best provide mammography services, including the use of a van; any policy change would come to the Health Commission.

Commissioner Parker inquired about a replacement for Eric Miller. Gene O'Connell has a transition plan.

Commissioner Parker also inquired about the impact of the Healthy Families and Healthy Workers programs on the number of uninsured people in San Francisco. Basically, Dr. Katz reported the increasing number of uninsured people (i.e., 10,000 new uninsured every year) far surpasses the number of people insured by these programs.

Commissioner Guy pointed out that Latino and African American children have low enrollment rates in the Healthy Families Program.

5) CONSIDERATION OF A RESOLUTION FOR THE DEFINITION OF HOMELESSNESS

Anne Kronenberg, Executive Assistant to Dr. Katz, submitted a proposed resolution on the working definition of homelessness within the Department. Ms. Kronenberg reported that the Department of Public Health Homeless Coordinating Committee (HCC) was formed last spring by Dr. Katz to improve access to and the quality of DPH homeless delivery system. The Committee has started an inventory of homeless programs within the Department. This has proven to be a difficult task because the term "homelessness" is interpreted differently by program areas. The City and County of San Francisco does not have an official definition of homelessness. After researching numerous definitions the Committee came to consensus on a definition for Public Health.

Ms. Kronenberg also submitted a list of the members of the DPH Homeless Coordinating Committee.

Commissioner Chow recommended a "working" not "official" definition.

Commissioner Sanchez pointed out that once a citywide definition of homelessness is determined, the Department would use the citywide definition.

Commissioner Hill emphasized there are no conflicts with any State or Federal definitions.

Action Taken: The Commission (Guy, Umekubo, Chow, Hill, Parker, Sanchez) adopted Resolution #9-00, "Adopting the Working Definition of Homelessness as the Department of Public Health Definition", (Attachment B), with amendments.

6) CONSIDERATION OF A RESOLUTION ON HARM REDUCTION

Dr. Joshua Bamberger, MPH, Medical Director for Urban Community Health, reported:

The harm reduction policy requirements were originally presented before the Commission on October 19, 1999. Subsequently, presentations on this resolution have been made to a number of Joint Conference Committees of the Commission, as well as a number of community councils and boards, including the HIV Prevention Planning Council, CARE Council, Treatment of Demand Council, Drug Abuse Advisory Board and Citywide Alcohol Advisory Board. In addition, the resolution has been presented for comment to key divisions of the Health Department, including

Maternal and Child Health, Community Mental Health Services and the Population Health and Prevention managers group.

The proposed resolution addresses the integration of harm reduction into key activities of the Department and will be used as a foundation for philosophical and programmatic changes. Dr. Bamberger will come back to the Commission on the progress on the implementation of this policy.

President Guy commented this policy is helping the Department to go into the future; this will be the official framework to guide the Department. She would like to see in 4-6 months a progress on the implementation of this policy.

Commissioner Parker expressed his support for the resolution.

Dr. Bamberger stated this policy promotes individual respect and moves people towards better health.

Action Taken: The Commission (Guy, Umekubo, Chow, Hill, Parker, Sanchez) adopted Resolution #10-00, "Adopting a Harm Reduction Policy for Substance Abuse, STD and HIV", (Attachment C), with the addition of "including Department of Public Health contractors."

7) **PUBLIC HEARING, IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988), TO CONSIDER THE IMPACT OF THE FOLLOWING CHANGES ON HEALTH CARE SERVICES OF THE COMMUNITY AT PACIFIC COAST HOSPITAL:**

SUSPENSION OF THE LICENSE FOR 20 ACUTE CARE BEDS AND INPATIENT/OUTPATIENT SURGERY

Sharon Tourville, Management Consultant to Pacific Coast Hospital, provided information on Pacific Coast Hospital's closure of its 20 acute care beds and inpatient/outpatient surgery, (Attachment D). This closure affects 20 employees and five managers. The Podiatric Medicine School will remain in place; the Podiatric Clinics will remain on site; the podiatric residency will remain; no laboratory will be on site; some radiology will remain on site.

Dr. Katz had given technical advice to go forward with the closure for patient safety. He also assessed there would be no public health impact with the closure.

President Guy stated that at the September 19th Commission meeting, in compliance with the Health Care Planning Ordinance (Proposition Q), the Commission will determine whether this closure will or will not be detrimental to the health service of the community.

Upon Commissioner Sanchez's inquiry on compliance to Prop Q, Deputy City Attorney Jean Fraser indicated that due to the circumstances at Pacific Coast Hospital regarding required staffing, the Commission is in compliance.

8) **PUBIC COMMENTS**

Michael Misenti, Derek Silva Community Tenants Council, submitted a petition from residents of the Derek Silva facility (Catholic Charities) expressing dissatisfaction with the level of opportunity to participate in community/program development.

9) CLOSED SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL (San Francisco ADMINISTRATIVE CODE SECTION 67.11(a).)

Action Taken: The Commission voted to hold a Closed Session.

Commissioners went into Closed Session at 4:40 p.m. Individuals in the Closed Session were Commissioners Guy, Umekubo, Chow, Hill, Parker, Sanchez, Mitch Katz, Jean Fraser, Jackie Kaur, Tony Wagner, Larry Funk, Melissa Welch, Adrianne Pon, Hiro Tokubo, Terry Hill, Sandy Mori.

C. CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - EXISTING LITIGATION

OLLIE FERGUSON V CCSF, CASE # C98-01463 MHP, CASE # 308092, PROPOSED SETTLEMENT FOR $20,000

CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION

CALIFORNIA GOVERNMENT CODE SECTION 54956.9(a)

DAVIS ET AL V CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ET AL, U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA, CASE # C00 2352 SBA (FILED JULY 13, 2000)

The Commission came out of the Closed Session at 5:20 p.m.

D. RECONVENE IN OPEN SESSION:

1. **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION (GOVERNMENT CODE SECTIONS 54957.1(a)(2) AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

Action Taken: The Commission approved the $20,000 settlement for the Ollie Ferguson case.

No action was taken on the Davis et al case.

2. **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).**

Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

The meeting was adjourned at 5:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

At this time, the Department is projecting a year-end surplus of $0.6 million for FY 1999-00 based on expenditures and revenues for the preliminary fiscal year-end. Projections include revenue shortfalls of $3.0 million and expenditure savings of $3.6 million. These results were achieved through several factors: the Department staff implemented a successful deficit reduction plan that included a hiring freeze imposed in the fall of 1999, and applying reductions to various operating accounts throughout the Department. In addition, the Department received additional realignment revenue from the State due to increases in the local economy, and was authorized to accrue unappropriated revenue from the Controller's deferred SB 90 reserve. The combination of these factors contributed to the current projection that the Department will end the 1999-00 fiscal year in balance.

Projected FY 1998-99 Year-End Surplus/Deficit
Preliminary 4th Quarter

	REVENUES			EXPENDITURES			SUBTOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	$ 469,362,187	$ 458,141,619	$ (11,220,568)	$ 469,362,187	$ 464,392,028	$ 4,970,159	$ (6,250,409)
Laguna Honda	123,045,468	127,099,062	4,053,594	123,045,468	127,795,799	(4,750,331)	(696,737)
Primary Care	41,988,383	38,336,472	(3,651,911)	41,988,383	40,941,519	1,046,864	(2,605,047)
Health at Home	4,298,082	4,299,535	1,453	4,298,082	3,823,351	474,731	476,184
Forensics	22,081,663	22,034,856	(46,807)	22,081,663	23,287,874	(1,206,211)	(1,253,018)
Subtotal	660,775,783	649,911,544	(10,864,239)	660,775,783	660,240,571	535,212	(10,329,027)
Population Health & Prevention							
Central Admin	18,382,853	18,363,262	(19,591)	18,382,853	18,432,386	(49,533)	(69,124)
Community Health	54,769,102	53,859,471	(909,631)	54,769,102	54,127,784	641,318	(268,313)
Mental Health	138,894,264	147,618,417	8,724,153	138,894,264	136,833,036	2,061,228	10,785,381
Substance Abuse	54,783,170	54,895,141	111,971	54,783,170	54,407,566	375,604	487,575
Subtotal	266,829,389	274,736,291	7,906,902	266,829,389	263,800,772	3,028,617	10,935,519
Total DPH	927,605,172	924,647,835	(2,957,337)	927,605,172	924,041,343	3,563,829	606,492

Commissioner Chow commended the Finance Department and SFGH and pointed out the Department's budget problems are a matter of revenue shortfall, not Department overexpenditures.

President Guy commented on the phenomenal work of the Department staff and congratulated all who undertook more job responsibilities. She recognized the Department invested in new initiatives and acknowledged that the Department is changing.

Dr. Katz acknowledged the Finance staff (i.e., Monique Zmuda, Ken Jenssen, Larry Doyle, Nancy Arata) who worked very hard to monitor this budget.

President Guy inquired about a prudent reserve strategy. Ms. Zmuda has requested the Controller to set aside a reserve. However, this can only be considered after the closing of the overall City budget for FY 1999-00.

7) PRESENTATION OF AN ANALYSIS OF CHARITY CARE PROVIDED BY SAN FRANCISCO'S NON-PROFIT AND PUBLIC HOSPITALS

Tangerine Brigham, Director of Policy and Planning, presented the Department's analysis of charity care provided by San Francisco's non-profit and public hospitals. This report was requested by the Board of Supervisors.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-00

ADOPTING THE WORKING DEFINITION OF HOMELESSNESS AS THE DEPARTMENT OF PUBLIC HEALTH DEFINITION

WHEREAS, the Department of Public Health (DPH) provides services for homeless individuals in both of its divisions, the Community Health Network (CHN) and Population Health and Prevention (PH&P); and,

WHEREAS, the Director of Health established the DPH Homeless Coordinating Committee (HCC) last Spring to look at creating an inventory of homeless programs, sharing information cross divisions, and identifying gaps in service; and,

WHEREAS, the goal of the HCC is to improve access to and the quality of the DPH homeless delivery system by better integrating and reconfiguring existing resources; and,

WHEREAS, the HCC began the process of developing an inventory of all homeless programs; and,

WHEREAS, some programs are homeless specific, while others like the Emergency Department serve a number of different populations, including homeless people; and,

WHEREAS, the City and County of San Francisco does not have a working definition of homelessness and many different definitions of homelessness exist in the system, including a Federal definition, grant driven definitions and definitions within different program areas; and,

WHEREAS, in order to create an inventory of homeless programs within DPH, the HCC had to agree internally what homelessness meant; and,

WHEREAS, the Mayor's Homeless Office will undertake the process of developing a City and County of San Francisco definition by December 2001; and,

WHEREAS, the Department of Public Health developed a working definition of homelessness to assist in the goal of improving homeless services; now, therefore, be it

RESOLVED, that the San Francisco Health Commission formally adopt the working definition of homelessness as the DPH definition, and, be it

FURTHER RESOLVED, that this definition is not meant to supercede or replace definitions of homelessness that have been set forth by funding sources, contractual agreements, or existing data collection systems; and, be it

FURTHER RESOLVED, the DPH will work with the Mayor's Homeless Office and other City Departments in the development of a City and County of San Francisco homeless definition and, when this definition is established, it will replace the DPH working definition.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of September 5, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (DPH Definition of Homelessness)

San Francisco Department of Public Health
Definition of Homelessness

Note: This definition is a "working" definition developed by the DPH Homeless Coordinating Committee to assist them in their goal to improve access to, and quality of, DPH services for the homeless population. It is not meant to supercede or replace definitions of homelessness that have been set forth by funding sources, contractual agreements, or existing data collection systems.

The term "HOMELESS" includes individuals or families who lack a fixed, regular, and adequate nighttime residence and who have a primary nighttime residence in one ore more of the following categories:

Category	Description
Shelter	Anyone staying in a mission or homeless or domestic violence shelter, i.e., a supervised public or private facility that provides temporary living accommodations.
Street	Anyone staying outdoors; for example, street, sidewalk, doorway, park, freeway underpass.
Vehicle	Anyone staying in a car, van, bus, truck, RV, or similar vehicle.
Make-Shift	Anyone staying in an enclosure or structure that is not authorized or fit for human habitation by building or housing codes, including abandoned buildings ("squats") or sub-standard apartments and dwellings.
Doubled-Up	Anyone staying with friends and/or extended family members (excluding parents and children), because they are otherwise unable to obtain housing, or Any family with children staying in a Single Room Occupancy (SRO) hotel room – whether or not they have tenancy rights, or Any one staying in temporary housing for less than 6 months, and the accommodations provided the person are substandard or inadequate, for example, garage, small room, overly crowded space.
Transitional	Anyone staying in a Single Room Occupancy (SRO) hotel room without tenancy rights, or Anyone formerly homeless (formerly in one of the above categories) who is now incarcerated, hospitalized, or living in a treatment program, half-way house, or Anyone formerly homeless (formerly in one of the above categories) who has obtained supportive housing or permanent housing for less than 60 days.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-00

ADOPTING A HARM REDUCTION POLICY FOR SUBSTANCE ABUSE, STD AND HIV

WHEREAS, the San Francisco Department of Public Health seeks to reduce adverse health effects to individuals, to individuals' families and to the broader community through legal and compassionate interventions; and,

WHEREAS, the Harm Reduction model of health care offers multiple non-judgmental approaches to assist clients in their movement toward better health; and,

WHEREAS, the Harm Reduction model is client-centered and attempts to reach clients "where they are at", to assist them in making choices that lead toward better health; and,

WHEREAS, deaths in the City and County of San Francisco due to injection drug overdoses reached 180 in 1999, the third leading cause of lost years of life; and,

WHEREAS, existing research indicates that 90% of injection drug users who have injected for more than two years are infected with Hepatitis C, and 16% are infected with HIV; and,

WHEREAS, soft tissue infection associated with injection drug use is the leading diagnosis for admission at San Francisco General Hospital's Emergency Department, leading to 1,400 inpatient admissions in 1999 (costing $18 million), 70% of which were uninsured; and,

WHEREAS, needle exchange, a Harm Reduction program, has proven to decrease further HIV and Hepatitis C infections by providing clients with clean needles with which to inject; and,

WHEREAS, practicing safer sex reduces the likelihood of transmission of sexually transmitted diseases (STD), including HIV; and,

WHEREAS, abstinence-based programs are successful for some individuals, but not all; and,

WHEREAS, recovery from substance use, practicing safer sex and improving health status often take place in an incremental manner; and,

WHEREAS, the serious consequences of substance abuse and unsafe sex cause significant health problems for the residents of San Francisco and some harm reduction practices have been shown to mitigate these health effects, now, therefore, be it

RESOLVED that all Department of Public Health providers, including DPH contractors, who deliver substance abuse, STD, and HIV treatment and prevention services, and/or who serve drug users and abusers in their programs shall: (1) address in their program design and objectives how they will provide harm reduction treatment options, and (2) develop harm reduction guidelines.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of September 5, 2000.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

August 30, 2000

Roma P. Guy, M.S.W.
President
City and County of San Francisco
Health Commission
Department of Public Health
101 Grove Street
San Francisco, CA 94102-4505

Attachment D

Ms. Guy:

Pursuant to our conversation with Sandy Mori this morning, we must unfortunately inform you of our request to the California Department of Health Services and notification to HCFA of our intent to **relinquish General Acute Care license** issued to:

Pacific Coast Hospital (College of Podiatric Medicine)
1210 Scott Street, San Francisco, CA 94115-4000
General Acute Care Hospital
License #220000012
Expiration Date 10/30/2000
Total Licensed Capacity 20
Type: Nonprofit Corporation

This action is to be effective August 31, 2000 at 12:00 PM (Midnight).

This action is taken as a result our inability to ensure meeting the Basic Services outlined in Title 22 after that date. Our Director of Nursing has resigned, as has our Radiology Technician, effective September 5, 2000.

It had been our plan to take this action with all of the appropriate notifications but due to our inability to replace these positions we find that we must take this action on the 31st of August. Our inability to replace the positions is based on the unavailability of qualified candidates and the substantial financial losses, $1,200,000, that Pacific Coast Hospital has incurred over the past 12 months.

This does not appear to be a transient problem. Our **average daily census has been <one (1) inpatient per day for at least the past three (3) years.** It is our belief that this volume **can easily be absorbed by other hospitals and surgi-centers in the community** without causing a hardship to the community or to our patients. **We have not had emergency access or services** for many years.

Our building cannot be retrofitted to meet the Seismic Codes established by the State of CA for an inpatient hospital and the cost of replacement cannot be justified with our extremely low inpatient volume.

We have also notified our union, Local 250 and will be meeting with our staff tomorrow. We will be available for the meeting of the Health Commission next Tuesday, September 5, 2000 to answer any questions that you might have.

Please contact Sharon Tourville at 415-292-0448 if there are further actions that we must take to meet your requirements.

Again we apologize for this short notice but believe that we have no other alternative. Thank you for your assistance and understanding in this matter.

Sincerely,

Y King Liu, PhD
Administrator, Pacific Coast Hospital
President, California College of Podiatric Medicine

Sharon Tourville
Management Consultant
Pacific Coast Hospital

cc: John Madden, Board of Trustees, Chairman
Eric Gold, Attorney
Sandy Mori, Executive Secretary

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

September 19, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

SEP 18 2000

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 5, 2000**
**Minutes of September 5, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **CHN-Finance –** Request for approval of a contract modification to extend for six months a contract with Toyon Associates, Inc., to provide reimbursement and revenue optimization services for San Francisco General Hospital, Laguna Honda Hospital and Health at Home Agency, in the amount of $222,133 for the period of October 1, 2000 through March 31, 2001, for a contract total of $560,664 for the period of October 1, 1999 through March 31, 2001. (DPH contracted with Toyon for services totaling $338,531 during FY 1999-2000).
** Calendaring request memo, Monitoring report summaries.*

(3.2) **CHN-Laguna Honda Hospital –** Request for approval to accept and expend new grant funds in the amount of $453,098 from the U.S. Department of Health and Human Services, for construction of one of the two temporary central power plants for the Laguna Honda Hospital replacement project, for the period of August 2000 to September 2001.
** Calendaring request memo, Grant application information form.*

(3.3) **CHN-Pharmacy –** Request for approval of a new contract with *RX Relief* in the amount of $250,000, to provide as-needed supplemental pharmacy personnel services, for the period of October 1, 1000 through June 30, 2001.
** Calendaring request memo.*

(3.4) **CHN-Primary Care-YGC/SPY –** Request for approval of a contract renewal with St. Mary Pharmacy Management Services (SMPMS), in the amount of $135,000, for the provision of as-needed pharmacy services for clients of Youth Guidance Center and associated programs, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SMPMS for services totaling $3,853,509 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary.*

(3.5) **CHN-Primary Care –** Request for approval of a sole source contract with Central City Hospitality House (CCHH), in the amount of $531,505, to provide drop-in and self-help services for the homeless, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CCHH for services totaling $531,505 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary.*

(3.6) **PHP-CSAS –** Request for approval of a sole source contract modification with Henry Ohlhoff House, Inc. (HOH), in the amount of $166,360, to augment a new residential care substance abuse service program targeting women with children and/or women who lost custody of their children, and who are enrolled in the Personal Assisted Employment Services (PAES) Program, for the period of July 1, 2000 through June 30, 2002. The total four-year contract amount is $631,257 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with HOH for services totaling $149,881 during FY 1999-2000).
** Calendaring request memo.*

(3.7) **PHP-CSAS –** Request for approval of a contract renewal with Latino Commission on Alcohol and Drug Abuse (LCADA), in the amount of $463,590 per year, to a total four year contract of $1,854,360, to provide residential substance abuse services targeting adult male Latino residents of San Francisco, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with LCADA for services totaling $509,353 during FY 1999-2000).
** Calendaring request memo, Client demographic information, Monitoring report summary, Letters to and from LCADA.*

(3.8) **PHP-HIV Prevention –** Request for approval of a contract renewal with Black Coalition on AIDS (BCOA), in the amount of $246,687 per year, for two years, for a total contract amount of $493,374, to provide HIV prevention education and evaluation services, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with BCOA for services totaling $822,098 during FY 1999-2000).
** Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.9) **PHP-HIV Prevention –** Request for approval of a contract renewal with Black Coalition on AIDS (BCOA), in the amount of $232,028 for FY 2000/01, and $228,028 for FY 2001/02, for a total contract amount of $460,056, to provide HIV prevention education and evaluation services for the period of July 1, 2000 through June 30, 2002. (DPH contracted with BCOA for services totaling $822,098 during FY 1999-2000).
** Calendaring request memo, Client demographic information, Monitoring report summary.*

(3.10) **PHP-HIV Prevention –** Request for approval of a contract renewal with Lavender Youth Recreation and Information Center (LYRIC), in the amount of $104,291 per year, for two years, for a total contract amount of $208,582, to provide HIV prevention services to youth between ages of 12 and 24, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with LYRIC for services totaling $104,291 during FY 1999-2000).
** Calendaring request memo, Client demographic information, Monitoring report summary.*

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(3.12) **PHP-Housing –** Request for approval of a new retroactive contract with The Ark of Refuge, Inc., in the amount of $674,798, to provide Transitional Housing Program services targeting Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Young Adults 18-23 years of age, for the period of April 1, 2000 through June 30, 2001. (DPH contracted with Ark for services totaling $353,822 during FY 1999-2000).
** Calendaring request memo.*

(3.13) **CHSS –** Request for approval of a retroactive renewal of a sole source contract with the Regents of the University of California San Francisco (UCSF), in the amount of $83,585, to provide SFFD Medical Director services, for the period of July 1, 2000 through December 31, 2000. (DPH contracted with UCSF for services totaling $11,235,592 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary.*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER 2000**

6) **PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE SUSPENSION OF THE LICENSE FOR 20 ACUTE CARE BEDS AND INPATIENT/OUTPATIENT SURGERY AT PACIFIC COAST HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY**
**Resolution.*

7) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH DENTAL SERVICES**
**Report.*

8) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR RED LIGHT RUNNING PREVENTION WEEK**
**Information and Resolution.*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION**

11) **CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.10(b):**

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH,
DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, SANDY OUYE MORI

12) **RECONVENE IN OPEN SESSION:**

VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).) (ACTION ITEM)

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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MINUTES
HEALTH COMMISSION MEETING

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Tuesday, September 19, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:20 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE REGULAR MEETING OF SEPTEMBER 5, 2000

Action Taken: The Commission adopted the minutes of the meeting of September 5, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **CHN-Finance** – Request for approval of a contract modification to extend for six months a contract with Toyon Associates, Inc., to provide reimbursement and revenue optimization services for San Francisco General Hospital, Laguna Honda Hospital and Health at Home Agency, in the amount

of $222,133 for the period of October 1, 2000 through March 31, 2001, for a contract total of $560,664 for the period of October 1, 1999 through March 31, 2001. (DPH contracted with Toyon for services totaling $338,531 during FY 1999-2000).

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Commissioner Hill stated this contract would be approved, with the stipulation that an update be brought back to the Budget Committee in two months (November 21st.)

(3.6) **PHP-CSAS –** Request for approval of a sole source contract modification with Henry Ohlhoff House, Inc. (HOH), in the amount of $166,360, to augment a new residential care substance abuse service program targeting women with children and/or women who lost custody of their children, and who are enrolled in the Personal Assisted Employment Services (PAES) Program, for the period of July 1, 2000 through June 30, 2002. The total four-year contract amount is $631,257 for the period of July 1, 1998 through June 30, 2002. (DPH contracted with HOH for services totaling $149,881 during FY 1999-2000).

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Commissioner Hill requested data on clients reflecting success of the program.

(3.8) **PHP-HIV Prevention –** Request for approval of a contract renewal with Black Coalition on AIDS (BCOA), in the amount of $246,687 per year, for two years, for a total contract amount of $493,374, to provide HIV prevention education and evaluation services, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with BCOA for services totaling $822,098 during FY 1999-2000).

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Public Speaker:

Tate Swindell, Act-Up S.F., spoke against approval of the contract; critical of Director's salary and no response to his public testimony.

(3.12) **PHP-Housing –** Request for approval of a new retroactive contract with The Ark of Refuge, Inc., in the amount of $674,798, to provide Transitional Housing Program services targeting Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Young Adults 18-23 years of age, for the period of April 1, 2000 through June 30, 2001. (DPH contracted with Ark for services totaling $353,822 during FY 1999-2000).

Marc Trotz, Director of Housing Services, reported on the ongoing efforts with the neighbors with community meetings, input into the contract, the formation of a community advisory committee to Dr. Katz, and addressing neighborhood concerns.

Public Speakers:

Anne Farrar opposed the approval of the contract and the contractor; stated she is not a NIMBY; feels this program does not make sense.

Judith Hoyem owns a home across the street from the facility; feels facility is inappropriate for young people at risk; asked Commission to scrutinize the budget for this contract.

Joe Foster feels this is a misguided program; important to have neighborhood interaction; asked Commission to look at the budget.

Felix Smith is a new neighbor; concerned about services provided to these youth.

Debra Stein hosted a series of meetings as a pro bono mediator; recognized all parties who have worked towards the contract; good cross-section of neighbors who have participated; urged Commission to validate the negotiation process by approving the contract.

Brian Cheu;, LYRIC, gave background on the project and expressed support for the project.

(3.13) **CHSS** – Request for approval of a retroactive renewal of a sole source contract with the Regents of the University of California San Francisco (UCSF), in the amount of $83,585, to provide SFFD Medical Director services, for the period of July 1, 2000 through December 31, 2000. (DPH contracted with UCSF for services totaling $11,235,592 during FY 1999-2000).

For #3.12, Commissioner Monfredini asked for clarification on meals being brought in and the role of a pro bono lobbyist.

For #3.7, Commissioner Chow expressed concern for a 4-year contract since it is a new start-up and recommended a 1-year contract. Phyllis Harding, CSAS Director, concurred with the recommendation.

Action Taken: The Commission approved the consent calendar of the Budget Committee, with #3.7 being a 1-year renewal.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Appointment of Jimmy Loyce to AIDS Office Director

Dr. Katz announced today that James ("Jimmy") Loyce, has accepted the position of Director of the AIDS Office. As the Commission is aware, Jimmy has extensive experience in developing and administering HIV/AIDS services and prevention interventions. He served as the Associate Director of the AIDS Office from 1991 to 1994. From 1994 to 1998 he was the Executive Director of the AIDS Program for Los Angeles (APLA).

Increasingly, the Department has recognized the importance of providing HIV prevention services for HIV positive people. DPH has also recognized the importance of providing health services, such as substance treatment and mental health, to persons who are HIV negative so that they can stay negative. Given this, our separation of HIV/AIDS into separate divisions of Health Services and Prevention no longer is appropriate. Also with so many reports of increasing episodes of unsafe sexual behavior Dr. Katz felt it was crucial for the Department to have greater focus around HIV/ AIDS issues.

Jimmy will retain the title of Deputy Director of Health for AIDS Programs. He will continue to report directly to me as a way of ensuring that HIV/AIDS issues have the highest prominence in the Health Department.

Federal Guideline on Language Assistance to Persons with Limited English Skills

In late August, the U.S. Department of Health and Human Services issued a written policy guidance to assist health and social services providers in ensuring that persons with limited English skills can effectively access critical health and social services. This was done under DHHS' Office for Civil Rights (OCR) which by law is responsible for ensuring compliance with the law. The guidance is a result of President Clinton's Executive Order 13166 that addresses serving persons with limited English skills. The executive order requires each federal agency to have written policies on providing effective service to those with limited English proficiency who are served by federally funded programs.

The guidance outlines the legal responsibilities of providers who receive federal financial assistance from DHHS -- such as hospitals, HMOs and human service agencies -- to assist people with limited English skills. The guidance emphasizes that providers have flexibility in designing effective programs to meet the language needs of the nation's increasingly diverse populations. Some of the State-administered programs, where access for persons with limited English proficiency may be especially important, include the State Children's Health Insurance Program (SCHIP), Medicaid and Temporary Assistance to Needy Families (TANF).

DHHS has informed States of the new policy that is designed to enhance the nation's "ability to reach our national goal of eliminating racial and ethnic disparities in health, and will assist in increasing opportunities for persons with limited English proficiency to improve their socioeconomic status." As outlined in the guidance, satisfactory service to limited English proficient clients should include:

- Having polices and procedures in place for identifying and assessing the language needs of the individual provider and its client population;
- A range of oral language assistance options, appropriate to each facility's circumstances;
- Notice to LEP persons of the right to free language assistance;
- Staff training and program monitoring; and
- A plan for providing written materials in languages other than English where a significant number or percentage of the affected population needs services or information in a language other than English to communicate effectively.

This guidance will be provided the program managers within both the Community Health Network and Population Health and Prevention. In addition, it will be provided to our Affirmative Action/EEO Director, Norm Nickens. Dr. Katz fully endorses the federal government's most recent guidelines and will work to ensure that they are implemented within the Department of Public Health.

POPULATION HEALTH AND PREVENTION

Hunters Point Shipyard Parcel E Land Fill Fire

On August 16, DPH staff participated in the response to a fire at the Parcel E landfill on Hunter's Point Shipyard in the context of our role in assessing health risks due to hazardous materials incidents. DPH staff made recommendations to ensure the safety of firefighters and ensured CCSF staff working downwind of the fire. Since our understanding was that the fire was limited to the surface vegetation and would be contained shortly, DPH did not consider additional evaluation was required at the time.

On September 11th DPH learned from a Navy fact (released September 8th, 2000) that areas of the fire were still smoldering underground and because of the potential for hazardous materials releases the Navy had initiated air, soil, and water samples on September 8th.

While DPH does not have regulatory responsibility of the site, DPH does want to be able to effectively evaluate risks to residents in the community and workers on the shipyard. While it is challenging to evaluate risks given that it is unknown what is burning, dilution of smoke, the

direction of prevailing winds, and the mixed use nature of the landfill all indicate that health risks to San Francisco residents are likely to be minimal.

DPH has requested that analytical results from the air sampling be forwarded to DPH as soon as available. Preliminary review of one air-monitoring sample did not reveal the presence of any unusual or concerning exposures. The Navy currently plans to manage the remaining smoldering areas by installing a "cap" to suffocate the fire. DPH will continue to obtain information from the Navy and the EPA as it becomes available in order to best assess the risks to San Francisco residents and employees.

Community Health Epidemiology

Community Health Epidemiology and Disease Control has been awarded a three-year CDC grant to integrate hepatitis prevention and control activities into existing prevention services. The primary focus will be on hepatitis C prevention and control. The project director will be Dr. Tomas Aragon.

CHP&P Awarded Grant

Dr. Katz announced that CHP&P was recently awarded a 2-year $800,000 grant from the State's Office of Traffic Safety for its proposal to utilize a community-based mini-grant program to improve traffic and pedestrian safety in San Francisco. This mini-grant will expand traditional traffic safety participation to include a broader range of community members, community-based agencies and other partners to plan, implement and evaluate innovative solutions to pedestrian and traffic safety challenges.

Women's Health

The Changing Face of Women's Health, a national exhibition, makes its San Francisco Bay Area debut October 7th at the Exploratorium. This exhibition makes a dramatic statement in terms of just how far women's health has come and allows a woman to identify her individual risk factors. Funded by the Centers for Disease Control and Prevention, the National Institutes of Health, metropolitan Life Foundation and Pfizer Women's Health, this exhibition is the first major touring presentation dedicated solely to the latest scientific information about women's issues. This exhibition embraces the concept that women's health issues are created and shaped by society, biology and personal behavior.

Exploratorium Museum staff has worked extensively with local women's health providers to develop a local imprimatur on this national exhibit which should prove exciting and informative.

HIV Prevention

The Neighborhood Health on Wheels Van (N'HOW) has begun operation. The N'HOW van is part of the Prevention for HIV Positives Demonstration Project within the HIV Prevention Section. N'HOW provides access to HIV, STD and Hepatitis testing services, urgent medical care and HIV prevention education, counseling and referral services.

N'HOW is designed to bring services to individuals at high risk for HIV infection, where they reside. The current operation is located in the Polk Gulch area and has been very successful in attracting new clients, providing them counseling and testing services and referring them to primary care and related services.

Future sites will include the Mission, Bayview-Hunters Point, the Western Addition and the Castro. N'HOW is staffed by a Nurse Practitioner, a Physician-Medical Director and three Health Workers. This project is expected to identify individuals in need of medical care and build the bridges they

need to get them to Community Health Centers and other DPH programs. For more information, please call James Rapues at 554-9131.

STD Prevention and Control

Last month, the STD Program pilot tested the feasibility of postal screening for chlamydia and gonorrhea. As of mid August, approximately 500 kits were distributed either through the mail or were picked up at two popular community based locations (Walgreen's and Gold's Gym), in a predominantly MSM area of the City. To date, approximately 100 specimens (20%) have been returned for testing. Results on 42 of the 100 specimens yielded one positive for GC and two for CT, for a positivity rate of 7.1%. Results of the screening have been so favorable that Walgreen's has indicated that they would be willing to continue to have them available on site, and one of the City's sex clubs, Blow Buddies, has indicated an interest in making them available to their clients.

COMMUNITY HEALTH NETWORK

Laguna Honda's Annual Survey Begins

On September 11th a team of seven State Licensing and Certification Surveyors arrived unannounced at Laguna Honda to initiate the annual recertification survey. Six additional Surveyors, including specialists in Acute Services, Pharmacy, Nutrition and Medical Records have now joined the State team. The Surveyors reported that they expect to continue their survey process through this week. Dr. Katz will advise the Commissions of the date and time of the exit conference.

Laguna Honda Replacement Project Planning Process Begins

Michael Lane, representatives from the Executive Architecture Team; Tony Wagner and staff will initiate the LHH Replacement Project Planning process by convening a public information meeting on Thursday, September 21st at 7:00 p.m. at St. John's Church, 501 Laguna Honda Boulevard. This meeting will provide an overview of the planning process, project schedule, and a question and answer session. This meeting will be the first of many opportunities for the public to provide input into the planning process. The week of September 25th, the Project Team will make similar presentations to LHH residents, volunteers and staff.

Dr. Katz asked the Project Team to provide a comprehensive status report at the Laguna Honda Commission meeting November 7th.

Conference on Community-Based Long Term Care

The CHN Division of Primary Care and Laguna Honda Hospital are collaborating on a conference entitled ***"Community-Based Long-Term Care. The Role of the Primary Care Provider"***, to be held on October 6th at Laguna Honda. Presented by the California Association of Long-Term Care Medicine, other collaborators include the California Geriatric Education Center, the Stanford Geriatric Education Center, the Goldman Institute on Aging and On Lok. The conference will focus on practical tool and decision-making framework developed to help physicians and other health professionals link patients to community-based long-term care services.

Positive Health Program Receives State Support

Congratulations to the staffs of the Positive Health Program and the AIDS Research Institute (ARI), who received a $1.25 million funding in a special ceremony held in the SFGH Comfort Garden last week. California State Assemblyman Kevin Shelley presented the check to Dr. Volberding. The funds will be distributed among ARI programs, including the clinical and research programs on Ward 86.

Chinese Women Support Group from Chinatown Health Center

The Chinese Women Cancer Support Group at Chinatown Public Health Center was identified on the Website and interviewed by a journalist in Hong Kong doing a story on breast cancer. This is an

excellent exchange of ideas and program information and sharing experiences of Chinese women living with breast cancer in the United States with people abroad.

SFGH Medical Staff Credentials Report

	9/00	2000 YTD
New Appointments	14	137
Reinstatements	1	9
Reappointments	43	295
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	19	118
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	1	2
Voluntary Relinquishments	0	0

Public Speakers:

David Pasquarelli, Act-Up S.F., described deaths of Gay men from protease inhibitors; believes HIV does not cause AIDS and AIDS is over; submitted a letter to Charlotte Kent, STD Prevention and Control, regarding data on male rectal gonorrhea.

Todd Swindell, ACT-UP S.F., believes HIV is theoretical; described stereotypes of Gay men; Gay men have been vilified.

Mike Petrelis, AIDS Statistics.Com, submitted the HIV Prevention Strategic Plan Through 20005; stated Gay men should practice safe sex; San Francisco is HIV hypocritical, no numbers reported on rectal gonorrhea; why is the Department not giving numbers?

Commissioner Chow commended the Department for continuing to be in the forefront of AIDS/HIV.

Commissioners congratulated Jimmy Loyce for his new area of responsibilities.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER 2000**

On behalf of the Commission, Commissioner Parker presented the award to:

Individual Nominee	Division	Nominated by
Jean Cruz-Holdaway, Health Worker II	CHN – Tom Waddell Health Center Homeless Outreach Program (Hope)	Damon Eaves, MSW, Coordinator, Hope Team

6) **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE SUSPENSION OF THE LICENSE FOR 20 ACUTE CARE BEDS AND INPATIENT/OUTPATIENT SURGERY AT PACIFIC COAST HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH SERVICE OF THE COMMUNITY**

Audrey Magneson, representative of Pacific Coast Hospital, was present.

Action Taken: The Commission unanimously adopted Resolution #11-00, "Determining Whether the Closure of 20 Acute Care Beds and Inpatient/Outpatient Surgery at Pacific Coast Hospital Will or Will Not Have a Detrimental Impact on the Health Care Service of the Community," (Attachment A).

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH DENTAL SERVICES**

Samantha Stephen, MS, RDH, Director of Dental Services, presented an Overview of the Department's Dental Services, (Attachment B).

Commissioners' Comments:

- Commended staff for a comprehensive report
- Acknowledged the first Oral Health Report from the Surgeon General and the first time a Dental Services presentation was calendared for the Commission agenda
- Encouraged the Department to have a liaison with the School District for dental services
- Policy issue is how the Department and Commission view dental services and health services
- Emphasized need to outreach to private dentists and the challenge to serve the homeless population
- Suggested periodontists serve children
- Oral health should be integrated into overall health
- Fluoridation needs to be supported
- Integrate oral health into the Department's Strategic Plan
- Need to educate physicians and re-educate dentists

8) **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR RED LIGHT RUNNING PREVENTION WEEK**

Dr. Larry Meredith, Director of Community Health Promotion and Prevention, presented an overview of the Stop Red Light Running Program (Attachment C.)

The following persons involved in collaborative efforts for the program were introduced: Bridget Smith, Director, Livable Streets, Department of Parking and Traffic; David Valle-Schwenk, Coordinator, Red Light Photo Enforcement Project, Department of Parking and Traffic; Quijuan Maloof, Stop Red Light Running Program, CHP&P; and Kevin Camora, Pedestrian Survivor and Advocate

Kevin Camora, small business owner and video producer, showed a video on a pedestrian fatality case.

Action Taken: The Commission unanimously adopted Resolution #12-00, "Endorsing Stop Red Light Running Week", (Attachment D.)

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

None.

The Commission went into closed session at 5:30 p.m. and came out at 6:30 p.m.

Individuals in the closed session were Commissioners Guy, Umekubo, Chow, Hill, Monfredini and Sanchez.

11) CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54957 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.10(b):

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

DIRECTOR OF HEALTH,
DR. MITCH KATZ

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, SANDY OUYE MORI

12) RECONVENE IN OPEN SESSION:

VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The meeting was adjourned at 6:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-00

DETERMINING WHETHER THE CLOSURE OF 20 ACUTE CARE BEDS AND INPATIENT/OUTPATIENT SURGERY AT PACIFIC COAST HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, the Pacific Coast Hospital (College of Podiatric Medicine) in San Francisco has been in existence for 40 years; and,

WHEREAS, Pacific Coast Hospital has had substantial financial losses of $1.2 million over the past 12 months and has had an average daily census of <one (1) inpatient per day for at least the past three (3) years; and,

WHEREAS, the decision to close effective August 31, 2000, 12 midnite, resulted from the inability to ensure meeting the Basic Services outlined in Title 22 for patient safety and quality of care; and,

WHEREAS, other hospitals and surgi-centers in the community could provide these services, and that the closure would have no negative effect on the public health; and,

WHEREAS, in accordance with the Health Care Planning Ordinance (Proposition Q), the Health Commission held a public hearing on September 5, 2000; now, therefore, be it

RESOLVED, that the Health Commission determines that the closure of Pacific Coast Hospital will not have a detrimental impact on the health care service of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of September 19, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

An Overview of DPH Dental Services

DPH dental services is comprised of administration, clinical treatment services, prevention programs, research projects, public health education for professional students; and the core public health functions of assessment, policy development and assurance.

Administration consists of 1 FTE dental director, 1 FTE administrative assistant and a .2 FTE dentist to provide treatment quality assurance services.

Clinical Services:

DPH has **five dental clinics located** at Potrero Hill HC for all ages, Southeast HC for all ages, Chinatown Public HC for children 0 – 21, Silver Avenue HC for ages 0 – 18, and Youth Guidance Center.

This fiscal year (2000/01) we will **begin our sixth clinic for homeless clients located at Tom Waddell Health Center** funded through "Healthcare For The Homeless" funds. Because TWHC does not have permanent space for this clinic, portable equipment will be utilized and share space with medical staff. This portable equipment will also allow services to be taken to shelter sites for treatment. Implementing this clinic will be a challenge due to small amount of funds allocated.

The grant funds are for $170,000 for a population who have extremely high dental needs and there are approximately 9000 homeless clients attending TWHC. Other DPH clinics cost $250,000 and are not properly staffed.

Clinical staff includes 4.8 FTE dentists (split among 11 part-time people), and **7 FTE dental assistants**.

Patient visits vary from year to year depending on staff attendance. Some year's assistance may have long-term illnesses. The range is between **9000 – 12,000 patient visits per year**. The clients are 60% children and 40% adults.

The quality assurance program consists of monthly QA meetings which also double as team management meetings. We follow state Knox Keene guidelines, implement annual chart audits of 10 charts per provider, annual patient satisfaction surveys and follow-up on all staff and patient concerns.

Infection control in the dental environment is very elaborate, time consuming and costly. Because of the water aerosol produced by dental handpicks (drills), every item within the operatory (clinic room) must be wiped down with bactericide or covered with plastic and changed between every patient. Quarterly IC meetings occur for all dental assistants to assure high standards and current practices. There are annual surprise IC site visit conducted by one of our dentists that checks all practices, and records on a checklist.

Staff training occurs at an annual retreat where new policies, practices, ideas, issues and programs are reviewed and discussed.

Prevention Programs with a Clinical Component

A policy issue the dental staff feels is important that treatment and prevention work together. This methodology works well because the prevention staff, who are good "planners", plan programs which help clients access dental services. The clinical staff, in turn, helps implement research projects, some prevention programs as well as public health education of professional students.

Prevention staff consists of 2.7 FTE dental hygienists and 1 FTE dental assistant.

There are many important issues within dental public health. but the most important one, after water fluoridation, is "access to care".

"Access" programs funded by CHDP and MCH:

Share the Care – with SF Dental Society. This program refers children to private dentists whom, for whatever reason, have barriers to care. There are approximately 30 dentists in the dental society who make up this provider pool.

Start Smiling – with SF Health Plan. A prevention-focused referral program for 2 – 3 year olds to Silver Avenue HC. Seven hundred letters sent to children within 5 zip codes around center in an effort to prevent early childhood caries (ECC). These families had MediCal, and, incentives were offered. Attitude surveys were given to those who made appointments (30 clients after 1st mailing and 50 total after three mailings).

Also, 700 letters sent to 6 year olds within 5 zip codes around Chinatown Public HC to place sealants on 1st permanent adult molar.

Programs were not successful. Therefore, focus groups are being planned in an effort to determine why families did not make dental appointments. Attitude surveys parents filled out sited parents' attitude that they thought their 2-year-olds were too young for dental appointments – yet 50% had caries already.

Free orthodontics for low-income teens through CCS – annual screening of referred low-income teens. This program is for severe malocclusions only. Each year we are able to increase the number of children accepted into program. This year 21 teens accepted.

Free Saturday treatment clinics – utilizing Silver Avenue HC with volunteer staff through private agency "Dental Plus Medical" which is a dental staffing fill-in agency. Program discontinued after one year due to lack of need.

Outreach to pregnant women for dental care – this program is currently being developed in an effort to prevent preterm deliveries due to periodontal (gum) disease. Also, decay-causing bacteria is passed from mothers to their children between the ages of 6 months to 36 months. If mothers have active caries they are passing on decay-causing bacteria to their children rendering them at higher risk for developing decay.

Public Health Education of Professional Students

It is important for private practice dentists to understand public health problems and issues. Therefore, rotations in community clinics provide invaluable experience and, hopefully, instills an ethos of contributing to the needs of the low-income community. Current rotations include:

- UCSF dental hygiene students work on school-based sealant clinic project
- University of North Carolina dental students work fulltime for one month each summer in clinics
- In progress – North of Market HC has requested dental services for their senior clients. I am working with University of the Pacific Dental School to help provide some of these services.

School-based sealants

This project, utilizing portable dental equipment, screens primarily second graders to place protective sealants on first permanent molars (which erupt at age 6-7). We just ended a three-year grant of $75,000 and sealed the teeth of 700 children each year. Without grant funds it is hoped we will be able to serve 300-500 children annually.

Also, beginning this year, with the new homeless grant, this sealant program will seal children's teeth at local family homeless shelters.

Research Projects (Preventive and Treatment)

Welfare to Work – project funded by Department of Human Services (DHS) at $330,000 per year. Program refers clients within the PAES (Personal Assistance Employment Service) program to private practitioners for dental treatment. Because no data is available on this population, a research project was planned to document level of disease and social impact of poor oral health. The average client has 10 missing teeth and 20 decayed surfaces. This program sees approximately 180 clients per year and costs an average of $1400 per client.

This program is alleged to be the only one of its kind in the state and perhaps the country. Clients are screened at the Welfare Dept (1235 Mission), treatment planned and then referred to participating dentists who receive DentiCal rates plus 10% for completing treatment.

Fluoride Varnish Applications for Prevention of Early Childhood Caries – study will last 3 years and is located at Chinatown Public HC and UCSF Community Clinic located at SFGH. Participants are caries-free 1 – 3 year olds. Comparisons are being made between education only, one application of varnish and two applications per year.

Reducing Oral Health Disparities – this is a grant proposal currently being developed in collaboration with UCSF which will develop a center encompassing several major research projects, smaller pilot projects and a training center.
Current projects DPH employees are developing are:

- Defining barriers to care by ethnic group – for families with young children
- Working with pediatricians in role of assessing decay risk, providing anticipatory guidance and applying fluoride varnish to high-risk toddlers. This project is aimed at low-income children only and will also train dentists to see young children. Currently, most dentists do not see children younger than 3-5 years old – leaving these children and families with no access to dental services.

<u>Prevention & Assessment Programs</u> **(no clinical component)**

Promotion of water fluoridation is the primary decay prevention method within public health dentistry. Studies have shown that hospital costs for Medicaid children in non-fluoridated areas are three times higher than those in fluoridated areas. San Francisco has been fluoridated since 1952 and is the only 100% fluoridated city in the state. California ranks 48 our of 50 states in the percent of the population who drink fluoridated water. Until August 1999, only 17% of the population of the state drank fluoridated water. Currently, with the addition of parts of Los Angeles and Sacramento about 30% of the state now have this opportunity. However, nationally, 60% of the United States drink fluoridated water.

There have been recent concerns about children receiving too much fluoride because of increased access to other sources – primarily fluoride toothpaste, which is swallowed by children unable to spit.

Fluoride supplements, which are tablets or liquid taken daily, are NOT recommended for fluoridated areas. However, the use of topical fluoride rinses and toothpaste is recommended.

Preschool screening and referral and education

DPH works in collaboration with SF Unified School District (SFUSD) to screen and refer one third of their low-income preschools. Other agencies contribute to this effort as well. DPH screens approximate 1000 children each year and finds that about 20% of the children have untreated tooth decay. (As many children are newcomers to our city and country, not all prevention efforts will be successful, but outreach and education will begin the long process of educating parents regarding the importance of primary (baby) teeth.)

Elementary school education

This program is a grant funded education program that serves 3000 children and just received its first funding increase in 15 years. Funds increased from $13,000 per year to $30,000 per year. This increase will help pay for the sealant program which works collaboratively with the education program.

This program is coordinated by a dental hygienist, and a dental assistant provides classroom education.

Schools are targeted in which at least 50% or more of the children receive a free school lunch (the proxy for low-income). The decay rate in these schools is 46%.

CHDP Projects (educational)

Other prevention programs we provide include education for healthcare professionals, provider relations for dentists to provide prevention techniques and to physicians to perform oral health assessments. New programs beginning this year include referring foster care children for dental services, working with daycare providers, and tracking children with elevated blood lead, which, studies have shown causes these children to be at higher risk for dental decay.

Surgeon General's Report & Current Important Policy Issues

- Oral health needs to be integrated into general health and there needs to be better communication across health systems

- Recent research studies demonstrate that oral health plays a role in causing preterm delivery amongst pregnant women (because of periodontal disease), as well as stroke, heart disease and diabetes.

- Mothers are the primary transmitters of high counts of decay-causing bacteria to their infants between the ages of 6 months to 36 months. This can be avoided with prevention techniques.

- We need to change the perception regarding the importance of oral health, especially for socially disadvantaged – all low-income persons need dental services
- Oral health plays an important role in self esteem
- Solutions to the above mentioned problems include age one oral assessments and referrals, expanding dental workforce by utilizing other health professionals and collaborating with other agencies

STOP Red Light Running Program

Background:

Violating red lights is a serious, preventable safety issue. With its compact driving environment and dense network of signalized intersections, red light running in San Francisco reached epidemic proportions in 1994. It was estimated that over 1000 traffic collisions each year involved a violation of traffic signals or signs with nearly one-third of these collisions resulting in an injury. The Department of Public Health's Traffic Injury Prevention Project then began a public information and education campaign to reduce injuries and deaths caused by red light runners.

About the same time, the State Legislature amended the California Vehicle Code to allow automated enforcement of red light violations and this legislative change provided the opportunity for the implementation of the Red Light Photo Enforcement Program in San Francisco. A grant of $250,000 from the San Francisco County Transportation Authority initiated the Red Light Photo Enforcement Pilot Project that began the collaboration of the Department of Public Health, Department of Parking and Traffic and the San Francisco Police Department. Subsequently, AB 1191 (Shelley) increased red light violation fines to $271. Fine-based revenues along with funds from the California Department of Transportation, the Moscone Center Expansion Project, and donations from the Chronicle Publishing Co. have supported the expansion of the Red Light Photo Enforcement Program from 5 to 36 intersections, and the continued development of the STOP Red Light Running Program. This collaboration of engineering, enforcement, public education and outreach, in concert with citizen participation, Mayoral and Board of Supervisors' leadership, has proven to be an extremely successful approach for improving traffic and pedestrian safety in San Francisco.

Current Status:

It is estimated that there are over 3.5 million red light violations each year in San Francisco with over 24,000 citations issued. Currently San Francisco witnesses an average of 741 collisions with over 1,200 injuries and at least 2 fatalities directly related to red light running.

The potential for and success of the Red Light Photo Enforcement Program, in concert with the STOP Red Light Running Program, is demonstrated by the dramatic reduction in red light violations at the 5th and Howard St intersection, one of the original pilot project intersections—80 percent reduction over the last three years.

While there is no simple or single solution to eliminating pedestrian and traffic related injuries and fatalities, the current comprehensive approach that includes the active participation of key City departments, citizen advocates, public and private organizations, researchers and elected officials is making substantial headway. Evidence-based strategic interventions are being developed and implemented rapidly and include a

forthcoming mass media campaign to increase public awareness of and participation in traffic safety measures, innovative engineering solutions, expanded community participation in neighborhood traffic calming measures, enhanced surveillance and targeted enforcement, and a continuing review of relevant policies and regulations. Driving and walking safely with a healthy respect for and adherence to the "rules of the road" must become everyone's passionate responsibility if we are to put an end to this unnecessary and preventable carnage on the streets of San Francisco.

National STOP Red Light Running Week:

National Stop On Red Week—October 8 through October 14-- is so designated to bring heightened public awareness to the dangers of this high risk driving behavior, reaffirm the importance of safety while driving, and strengthen community resolve to eliminate this totally preventable behavior that threatens everyone's health and safety.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-00

ENDORSING STOP RED LIGHT RUNNING WEEK

WHEREAS, the mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans; and,

WHEREAS, the collaborative efforts of the Department of Public Health, Department of Parking and Traffic, Police Department, Mayor, Board of Supervisors and residents have implemented the Stop Red Light Running Program; and,

WHEREAS, the Red Light Photo Enforcement Program began as a pilot project in 1996 including five intersections, and is now expanding to a total of 36 intersections; and,

WHEREAS, red light violators are responsible for an average of 741 reported collisions and 1,246 injuries annually in San Francisco; and,

WHEREAS, collisions caused by red light violators cost the local economy in excess of $40 million annually, excluding the emotional pain and suffering costs that accrue to victims and their families; and,

WHEREAS, injuries and fatalities resulting from red light running are clear examples of preventable incidents; and,

WHEREAS, the combined forces of the Red Light Photo Enforcement Program and Police Department issue over 24,000 citations annually; and,

WHEREAS, over the last three years, the Stop Red Light Running Program has decreased red light running at the intersection of 5th and Howard Streets by 80 percent; and,

WHEREAS, the combined efforts of the Departments of Parking and Traffic, Police and Public Health have demonstrated the success of the Stop Red Light Running Program; and,

WHEREAS, continued efforts to expand and improve the Stop Red Light Running Program are essential to further reduce traffic-related fatalities and injuries; and,

WHEREAS, October 8 to October 14, 2000 has been designated by the Federal Highway Administration as "National Stop On Red Light Running Week", now, therefore, be it

RESOLVED that the San Francisco Health Commission commends the collaborative efforts of the Departments of Public Health, Parking and Traffic and Police to eliminate red light running, thereby ensuring the safety and wellbeing of pedestrians and motorists in San Francisco, and, be it,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-00 (Cont'd.)

FURTHER RESOLVED that the San Francisco Health Commission endorses "National Stop Red Light Running Week," and, be it,

FURTHER RESOLVED, that the San Francisco Health Commission urges the Mayor and Board of Supervisors to declare the week of October 8 through October 14, 2000 as "Stop On Red Light Running Week".

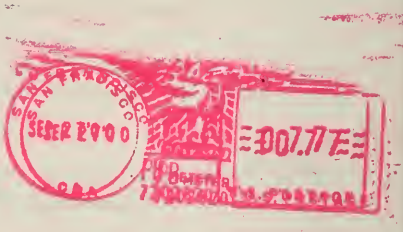
I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of September 19, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

3/00
7/00
5/00
Notice
(Public)

PUBLIC NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION MEETINGS

The three following Health Commission meetings will be held at different sites and not at the regular site at 101 Grove Street:

Tuesday, October 3, 2000 - 4:00 p.m.
Jean Parker Elementary School Cafeteria
840 Broadway at Mason

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Tuesday, November 7, 2000 - 3:00 p.m.
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.

Tuesday, December 5, 2000 - 3:-00 p.m.
San Francisco General Hospital
Carr Auditorium
1001 Potrero Avenue

For more information, call the Health Commission Office at 554-2666.

Posted 9/12/00

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
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Lee Ann Monfredini
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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

October 3, 2000
TIME CHANGE: 4:00 P.M.
at
Jean Parker Elementary School Cafeteria
840 Broadway at Mason
San Francisco, CA 94133

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

NOTE: **THE BUDGET COMMITTEE WILL MEET AT 1:30 P.M. AT 101 GROVE STREET, ROOM #300**

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 19, 2000**
**Minutes of September 19, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1) **PHP-AB75 Project –** Request for approval of a renewal contact with Lifemark Corporation in the amount of $176,000, to provide fiscal intermediary services for the FY 2000-01 California Healthcare for Indigents Program (CHIP), for the period of November 15, 2000 through March 31, 2002. (DPH contracted with Lifemark for services totaling $2,129,089 during FY 1999-2000).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.2) **PHP-CMHS –** Request for approval to accept and expend a new grant in the amount of $1,995,576 from the California Department of Mental Health, to implement a program of integrated services for seriously mentally ill and dual/multiply diagnosed adults, for the period of October 1, 2000 to June 30, 2001.
** Calendaring request memo, Grant application information form*

(3.3) **PHP-HIV Prevention –** Request for approval of a contract renewal with California AIDS Intervention Training Center (CAITC), in the amount of $167,664, to provide early intervention services for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAITC for services totaling $140,453 during FY1999-2000).
** Calendaring request memo, Client demographic form*

(3.4) **PHP-HIV Prevention –** Request for approval of a contract renewal with Glide Foundation, in the amount of $68,794, to provide HIV prevention and education services targeting high-risk behavior populations, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Glide for services totaling $384,015 during FY 1999-2000).
** Calendaring request memo, Client demographic form, Monitoring report summary and response letter from Glide*

(3.5) **PHP-HIV Prevention –** Request for approval of a new contract with the Regents of the University of California at San Francisco-AIDS Health Project (UCSF), in the amount of $157,963, to provide STD screening and treatment to anonymous HIV testing populations, for the period of October 1, 2000 through December 31, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
** Calendaring request memo*

(3.6) **PHP-HIV Prevention –** Request for approval of a contract renewal with Stop AIDS Project (SAP), in the amount of $151,246 per year for two years, for a total contract amount of $302,492, to provide HIV prevention condom distribution services targeting gay and bisexual men and trans-genders, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with SAP for services totaling $851,627 during FY 1999-2000).
** Calendaring request memo, Client demographic form, Monitoring report summary*

(3.7) **PHP-HIV Prevention –** Request for approval of a new contract with Stop AIDS Project (SAP) in the amount of $162,500, to provide innovative web-based HIV prevention interventions, for the period of October 1, 2000 through December 31, 2001. (DPH contracted with SAP for services totaling $851,627 during FY 99-2000).
** Calendaring request memo*

(3.8) **PHP-HIV Prevention –** Request for approval of a contract renewal with Stop AIDS Project (SAP), in the amount of $507,795 per year for two years, for a total contract amount of $1,015,590, to provide HIV prevention services to gay and bisexual men, transgenders and intravenous drug

users, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with SAP for services totaling $851,627 during FY 1999-2000).
** Calendaring request memo, Client demographic form, Monitoring report summary and response letter from SAP*

(3.9) **PHP-HIV Prevention –** Request for approval of a new contract with Tenderloin AIDS Resource Center (TARC), in the amount of $162,500, to create a community center that will provide innovative HIV prevention services for high risk individuals living in the Tenderloin, for the period of October 1, 2000 through December 31, 2001. (DPH contracted with TARC for services totaling $458,660).
** Calendaring request memo*

(3.10) **PHP-HIV Health Services –** Request for approval of a contract renewal with the San Francisco AIDS Foundation (SFAF), in the amount of $244,199, to provide treatment adherence case management services targeting HIV-infected individuals, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFAF for services totaling $2,662,268 during FY 1999-2000).
** Calendaring request memo, Client demographic form, Monitoring report summary*

(3.11) **CHSS-TB Control –** Request for approval of a contract modification with the Regents of the University of California at San Francisco (UCSF), providing Model Tuberculosis (TB) Prevention and Control Center services to local and national TB health care providers. This modification will decrease the contract amount by $551,067, for a modified total of $2,160,260, and reduce the contract term by three months for the period of December 31, 1999 through December 31, 2000. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
** Calendaring request memo*

(3.12) **CHS-Housing Services –** Request for approval of a new retroactive sole source contract with Chinatown Community Development Corporation (CCDC), the lead agency and fiscal agent for the Chinatown SRO Collaborative, in the amount of $250,000 for the period of July 1, 2000 through June 30, 2001.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PROPOSED ACTION:** **CONSIDERATION OF REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**
**Revisions to the Bylaws*

6) **PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION SUPPORTING DOMESTIC VIOLENCE AWARENESS MONTH AND ENCOURAGING ALL CITY CAR OWNERS TO PLACE DOMESTIC VIOLENCE BUMPER STICKERS ON BUMPERS**
**Resolution*

7) **FOR DISCUSSION:** **PRESENTATION ON CHINATOWN COMMUNITY HEALTH AND WELLNESS**

8) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

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American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

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Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Ron Hill
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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OCT 12 2000

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MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 3, 2000
4:00 p.m.
Jean Parker Elementary School Cafeteria
840 Broadway
San Francisco, CA 94133

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 4:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Lee Ann Monfredini
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE REGULAR MEETING OF SEPTEMBER 19, 2000

Action Taken: The Commission adopted the minutes of the meeting of September 19, 2000, with the correction on page 10, present in the Closed Session was Commissioner Parker. Commissioner Sanchez was absent..

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Ron Hill)

3) APPROVAL OF THE CONSENT CALENDAR OF HE BUDGET COMMITTEE
(Commissioner Ron Hill)

(3.1) **PHP-AB75 Project** – Request for approval of a renewal contact with Lifemark Corporation in the amount of $176,000, to provide fiscal intermediary services for the FY 2000-01 California Healthcare for Indigents Program (CHIP), for the period of November 15, 2000 through March 31, 2002. (DPH contracted with Lifemark for services totaling $2,129,089 during FY 1999-2000).

(3.2) **PHP-CMHS** – Request for approval to accept and expend a new grant in the amount of $1,995,576 from the California Department of Mental Health, to implement a program of integrated services for seriously mentally ill and dual/multiply diagnosed adults, for the period of October 1, 2000 to June 30, 2001.

(3.3) **PHP-HIV Health Services** – Request for approval of a contract renewal with California AIDS Intervention Training Center (CAITC), in the amount of $167,664, to provide early intervention services for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CAITC for services totaling $140,453 during FY1999-2000).

(3.4) **PHP-HIV Prevention** – Request for approval of a contract renewal with Glide Foundation, in the amount of $68,794, to provide HIV prevention and education services targeting high-risk behavior populations, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Glide for services totaling $384,015 during FY 1999-2000).

(3.5) **PHP-HIV Prevention** – Request for approval of a new contract with the Regents of the University of California at San Francisco-AIDS Health Project (UCSF), in the amount of $157,963, to provide STD screening and treatment to anonymous HIV testing populations, for the period of October 1, 2000 through December 31, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

(3.6) **PHP-HIV Prevention** – Request for approval of a contract renewal with Stop AIDS Project (SAP), in the amount of $151,246 per year for two years, for a total contract amount of $302,492, to provide HIV prevention condom distribution services targeting gay and bisexual men and transgenders, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with SAP for services totaling $851,627 during FY 1999-2000).

(3.7) **PHP-HIV Prevention** – Request for approval of a new contract with Stop AIDS Project (SAP) in the amount of $162,500, to provide innovative web-based HIV prevention interventions, for the period of October 1, 2000 through December 31, 2001. (DPH contracted with SAP for services totaling $851,627 during FY 99-2000).

(3.8) **PHP-HIV Prevention** – Request for approval of a contract renewal with Stop AIDS Project (SAP), in the amount of $507,795 per year for two years, for a total contract amount of $1,015,590, to provide HIV prevention services to gay and bisexual men, transgenders and intravenous drug users, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with SAP for services totaling $851,627 during FY 1999-2000).

(3.9) **PHP-HIV Prevention** – Request for approval of a new contract with Tenderloin AIDS Resource Center (TARC), in the amount of $162,500, to create a community center that will provide innovative HIV prevention services for high risk individuals living in the Tenderloin, for the period

of October 1, 2000 through December 31, 2001. (DPH contracted with TARC for services totaling $458,660).

(3.10) **PHP-HIV Special Projects –** Request for approval of a contract renewal with the San Francisco AIDS Foundation (SFAF), in the amount of $244,199, to provide treatment adherence case management services targeting HIV-infected individuals, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFAF for services totaling $2,662,268 during FY 1999-2000).

(3.11) **CHSS-TB Control –** Request for approval of a contract modification with the Regents of the University of California at San Francisco (UCSF), providing Model Tuberculosis (TB) Prevention and Control Center services to local and national TB health care providers. This modification will decrease the contract amount by $551,067, for a modified total of $2,160,260, and reduce the contract term by three months for the period of December 31, 1999 through December 31, 2000. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

(3.12) **CHS-Housing Services –** Request for approval of a new retroactive sole source contract with Chinatown Community Development Corporation (CCDC), the lead agency and fiscal agent for the Chinatown SRO Collaborative, in the amount of $250,000 for the period of July 1, 2000 through June 30, 2001.

Commissioner Chow acknowledged the experience and credibility of Chinatown Community Development Center and Chinese Progressive Association, two local community organizations for the Chinatown SRO collaborative.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

Note: Translators Edward Koo and Grace Lam provided Cantonese translation throughout the remainder of the Commission meeting.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

2000 State Legislative Session

The State Legislature adjourned for the end of its two-year session on August 31, 2000. Over this two-year session, the Office of Policy and Planning tracked 862 health-related bills, 385 of which were active at the end of the Legislative session. The Legislature will begin its 2001-2002 session on January 4, 2001.

The Legislature passed 1,454 bills. The Governor signed 1,088 and vetoed 362 bills. The Governor had until September 30, 2000 to take action on the bills presented for his consideration. The Governor's options were to: (1) sign the bill, (2) veto a bill, or (3) neither sign nor veto a bill before the deadline, then it would become law without his signature.

The Governor has summarized the 1999-00 Legislative session as one in which the State:

- Passed two State budgets that were on time and in balance,
- Brought accountability and higher expectations back to the classroom,

- Instituted a high-school graduation exam and expanded advanced placement courses,
- Adopted the most comprehensive and rigorous teacher training and recruitment program anywhere in the country,
- Opened the doors of higher education to more Californians than ever before with merit scholarships and Cal Grants,
- Through tax relief, more prosperity than ever before was put back in the hands of those who created it - the people of this State,
- Passed the toughest gun safety laws in the nation, beefed up public safety spending, and strengthened efforts to eradicate hate crimes,
- Reformed our HMO's,
- Restored the eight-hour day, workers' protections and the prevailing wage,
- Expanded health care coverage for uninsured children,
- Created a historic new program to ensure that older Californians are "Aging with Dignity,"
- Made the largest General Fund investment in transportation in California history,
- Established new affordable housing programs,
- Took steps to restore our parks and protect our water supply, and
- Tackled most formidable challenge - energy - by acting to reduce prices and increase supply.

At this time, the Department is aware that the Governor has signed the following health-related legislation expanding coverage to uninsured children:

- **AB 1015 (Gallegos)**, which authorizes California to extend Healthy Families coverage to the uninsured parents of children eligible for the program
- **AB 2415 (Migden),** provides that California will continue to fund health coverage for uninsured legal immigrant children, subject to annual State budget appropriations. Previous legislation authorizing this coverage specified that it would sunset at the end of the budget year.
- **AB 2900 (Gallegos)**, which provides a technical adjustment to California's Medi-Cal program to facilitate Healthy Families coverage of these adults.

In the area of non-profit hospitals, the Governor signed **AB 2276 (Cedillo),** which requires the Office of the Attorney General to prepare a plan to evaluate current charitable care and community benefit standards for not-for-profit hospitals, and submit the plan to the Legislature by March 1, 2001. The Governor also appropriated an addition $1 million to local health departments for communicable

disease control and public health surveillance activities in signing **SB 269 (Ortiz)**. This bill would have appropriated $4.9 million for this purpose, but was reduced by the Governor.

On November 7, 2000, the Department will provide the Health Commission with its 2000 State Legislative Report. This report will highlight and summarize health-related bills that were enacted and those that were vetoed. The Department will also give a disposition of the Department's 2000 legislative priorities, as well as presenting the Department's proposed 2001 legislative priorities.

POPULATION HEALTH AND PREVENTION -

STD Prevention and Control

On September 18 and September 25, the STD Program held its Annual STD Update. In addition to an update on morbidity trends, topics included new urine-based lab testing methodology for chlamydia and gonorrhea, partner delivered therapy and syphilis elimination and rapid response.

Women's Services

Dr. Katz congratulated Barbara Cicerelli of the Office of Women's Health Breast and Cervical Cancer Services (BCCS) staff for her nomination to the Hall of Honor of the Exploratorium "Changing Faces of Women" exhibit. The Hall of Honor is a special part of the exhibit honoring Bay Area individuals who have made significant contributions to improving the health and lives of women in their community.

COMMUNITY HEALTH NETWORK

Laguna Honda Hospital Licensure and Accreditation

The Laguna Honda Hospital annual Licensure and Certification Survey concluded with a 15-minute exit conference on September 25, 2000. The ten surveyors from the L&C Division of the State Department of Health Services took thirteen days to complete the survey. Although LHH has not received a final report, by all indications, the survey went extraordinary well. Dr. Katz acknowledged Larry Funk, Executive Administrator of LHH.

Personal Thanks

Dr. Katz thanked Melody Davenport and Chun Lau, two employees working at San Francisco General Hospital, who intervened to stop the attempted theft of a purse from another SFGH employee. Dr. Katz recognized the prompt care and attention extended to all three employees by Violence in the Workplace Management Response Team members Penny Mitchell and Sgt. John Majka.

Commissioner Chow pointed out that the Commission would continue to monitor the progress at the State level on the evaluation of current charitable care and community benefits standards for not-for-profit hospitals. Dr. Katz commented that the City and County of San Francisco is further along on this issue, given the recent charity care analysis prepared by DPH.

5) CONSIDERATION OF REVISIONS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Dr. Alan Gelb, SFGH Chief of Staff, presented the following revisions to the SFGH Medical Staff Bylaws:

SFGH Bylaws, Article II, Section 2.2.A1
Licensure to include Sections 2113 and 2168, Certificate of Registration recommendation change

SFGH Bylaws, Article II, Section 2.2 C
Board Certification requirement recommendation change

SFGH Bylaws, Article II, Section 2.4
Board Certification requirement, waiver of qualification recommendation change

SFGH Bylaws, Article IV, Section 4.5 A
Proctoring requirement recommendation change

SFGH Bylaws, Article IV, Section 4.5 D
Proctoring duration recommendation change

SFGH Bylaws, Article VI, Section 6.2 A
Board Certification requirements for service chiefs recommendation change

SFGH Bylaws, Article XII, Section 12.1
Changes to Bylaws language concerning unilaterally amending the Bylaws recommendation change

These revisions, which were approved at the July 11, 2000 meeting of the San Francisco General Hospital Medical Executive Committee, do not require Medical Staff approval, but do require Governing Board ratification.

Dr. Gelb pointed out in Article II, Section 2.4, August 1, 2000 is a clerical error. The date should be October 3, 2000. Additionally, Dr. Gelb brought attention to a new Section 4.2 Integrative Therapies Subcommittee, which will look at various forms of alternative therapies (i.e. acupuncture), and which is of interest in the Asian community.

Commissioner Chow pointed out Article XII, Section 12.1, promotes a process of cooperation between the Medical Staff and Governing Body.

Action Taken: The Commission approved the revisions to the SFGH Medical Staff Bylaws (SFGH Medical Staff Credentialing Procedure Manual, SFGH Medical Staff Rules and Regulations, and the SFGH Medical Staff Committee Manual).

6) **CONSIDERATION OF A RESOLUTION SUPPORTING DOMESTIC VIOLENCE AWARENESS MONTH, AND ENCOURAGING ALL CITY CAR OWNERS TO PLACE DOMESTIC VIOLENCE BUMPER STICKERS ON BUMPERS**

Kate Monico-Klein acknowledged October not only as a Domestic Violence Awareness month, but also as Breast Cancer Awareness month. The Department has planned activities throughout October to address the mythologies which surround both domestic violence and breast cancer.

Commissioner Chow expressed concern about the use of "mandate" and would prefer "strongly urge."

Commissioner Parker likes the idea and intent of the resolution but questions the use of "mandate."

Because of the broadness of the issue, Commissioner Guy as a public official would support a mandate.

Commissioner Hill expressed his support for the use of "mandate" and would support the resolution as proposed.

Commissioner Chow proposed a friendly amendment to replace "mandate" with "strongly urge."

Action Taken: The Commissioners (Guy, Chow, Parker) voted to amend the resolution by replacing the word "mandate" with "strongly urge." Commissioner Hill voted no.

Action Taken: The Commissioners (Guy, Chow, Hill, Parker) voted to adopt the amended Resolution #13-00, "Recognizing that October is Domestic Violence Awareness Month, and Supporting Placement of "There's no Excuse for Domestic Violence" Bumper Stickers on all Department of Public Health Vehicles," (Attachment A).

City Supervisor Alicia Becerril was present at this meeting in Chinatown. She introduced her City Hall staff and commented that she would be happy to carry the Commission's Resolution on Domestic Violence to the full Board of Supervisors.

7) PRESENTATION ON CHINATOWN COMMUNITY HEALTH AND WELLNESS

On behalf of the Commission, Commissioner Chow acknowledged the following persons for their assistance and cooperation in organizing today's meeting in the Chinatown community:

Sandy Mori, Executive Secretary to the Health Commission
Kent Woo, NICOS Executive Director
Madeline Ritchie, Health Center Director, Chinatown Public Health
Wilma Louie, DPH Mental Health Division
Edward Koo, translator, Clinical Social Worker, Chinatown/North Beach Mental Health Services
Grace Lam, translator, Nutritionist, Chinatown Public Health Center

Commissioner Chow presented a special Certificate of Appreciation from the Commission to the NICOS Chinese Health Coalition. Accepting on behalf of NICOS was Dr. Evelyn Lee, President.

NICOS Chinese Health Coalition is a public-private-community partnership of more than 35 health and human service organizations and concerned individuals. NICOS' mission is to enhance the health and wellness of San Francisco's Chinese community. Since 1985, NICOS has been engaged in research, training, advocacy, resource development, and program implementation for the benefit of this population and the agencies that serve it.

The Founding members are: North East Medical Services, Chinese Community Health Care Association (IPA), Chinese Hospital, On Lok Senior Health Services and Self-Help for the Elderly.

Public Speakers:

Dr. Evelyn Lee, President of NICOS Chinese Health Coalition, presented the summary of findings from the Chinese Community Health Study in the Fall of 1995, (Attachment B.)

Dr. Alex Moy, Medical Director, Chinatown Public Health Center, described the Center's services: mental health, nutrition, public health nursing, dental, and WIC; the Center has no social worker on its staff; described collaboration with Chinese Hospital and North East Medical Services.

Linda Yau, cancer survivor, described her experiences with her cancer and the cancer support group; due to common interest and backgrounds, offers her help to other cancer patients in the Bay Area; cancer support group should be an independent group.

Helen Yuen, Director of Nutrition Services, Self-Help for the Elderly, emphasized culturally appropriate services to Cantonese, Mandarin, and Vietnamese-speaking people of all ages; advocated for the maintenance and expansion of nutrition services in Chinatown.

Irene Chan, community member, CPHC Advisory Committee, advocated for bilingual, biliterate staff; need for asthma workshops for Chinese-speaking parents; advocated for a social worker and public health nurse positions; has made repeated pleas for the past five years for signage for Chinatown Public Health Center.

Note: Dr. Katz announced a sign for the Chinatown Public Health Center will be funded and put up by the end of October.

Brenda Yee, interim CEO of Chinese Hospital, submitted a booklet on Chinese Hospital; provided overview of the hospital's services, including services to the indigent and poor.

Angela Sun, Chinatown Community Health Resources Center, gave an overview of services to monolingual Chinese; need for culturally competent services.

Helen Kwan, CCDC, promoted pedestrian safety education to children and seniors.

Sister Paulette Yeung, Social Worker, St. Mary's Teahouse Ministries, described the gambling problems in the Chinese community and emphasized treatment, prevention, and public education; works with Cameron House, Asian Perinatal Advocates, and RAMS.

Tina Shum, Social Worker, Cameron House, described services for domestic violence, gambling; has trilingual staff.

Daniel Ip, Chair of Asian American Mental Health Task Force, stated the monolingual geriatric population is neglected in the area of mental health; advocated for a bilingual position in mental health.

Anni Chung, CEO for Self-Help for the Elderly, stated Asians have high tolerance for pain and have historically not asked for help; encouraged the Department to include in its Strategic Plan the high percentage of Asians in each Supervisorial district; promoted the need for parity and equity; requested

the Department to set up a Task Force to work with the community; to look at creative ways to address the housing crisis; look at Chinatown Public Health Center and give it adequate and sufficient funding (i.e., replace social worker position); create a special Asian/Pacific Islander initiative to look for resources; and invited Commissioners to take a tour of Chinatown.

Kent Woo, Executive Director, NICOS Chinese Health Coalition, reinforced Ms. Chung's comments.

President Guy thanked the speakers, translators, and Commissioner Chow for organizing today's community meeting.

Commissioner Chow encouraged the Department to look at Chinatown Public Health Center as a model for community resources and services to the whole community. As the Department moves into its overall Strategic Plan, it should look at the local data in comparison to national data and focus in on the needs of Asians.

Commissioner Parker pointed out there are similar problems in various communities. The City has more and more unmet needs. He believes prevention should be the priority and yet there is a continued push for treatment and little for prevention. There needs to be a change in the mindset in the community and in the health field. There is an overall need for universal health care.

President Guy thanked the audience and Commissioners for their participation.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-00

RECOGNIZING THAT OCTOBER IS DOMESTIC VIOLENCE AWARENESS MONTH, AND SUPPORTING PLACEMENT OF *"THERE'S NO EXCUSE FOR DOMESTIC VIOLENCE"* BUMPER STICKERS ON ALL DEPARTMENT OF PUBLIC HEALTH VEHICLES

WHEREAS, every 12 seconds a woman is beaten, according to the Department of Justice; and,

WHEREAS, four million women require medical or police assistance per year; and,

WHEREAS, intimate partner violence is the most under-reported crime in the United States; and,

WHEREAS, the American Medical Association reports that nearly one-fourth of American women will be abused by a current or former partner at some point in their lives; and,

WHEREAS, at least eight percent (8%) of pregnant women in the United States are battered during pregnancy and thus, are twice as likely to miscarry, and four times more likely to have low-birth-weight infants ("Myths and Facts About Domestic Violence" adopted from the Domestic Violence Project, Ann Arbor, Michigan); and,

WHEREAS, locally, the San Francisco Police Department receives approximately 9,500 domestic violence calls annually and made 1,188 domestic violence arrests in 1998; and,

WHEREAS, bumper stickers have been shown to be an effective education tool; now, therefore, be it,

RESOLVED, that the Health Commission proclaims October "Domestic Violence Awareness" Month; and, be it,

FURTHER RESOLVED, that the Health Commission urges the Director of Public Health to strongly urge placement of *"There's No EXCUSE for Domestic Violence,"* awareness bumper stickers on all Department of Public Health vehicles; and, be it,

FURTHER RESOLVED, that the Health Commission requests the Board of Supervisors to consider placement of the same "There's NO Excuse for Domestic Violence" bumper stickers on all City vehicles.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of October 3, 2000.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

1490 Mason Street, 3rd Floor, San Francisco, 94133
Phone: (415) 705-8583
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NICOS Chinese Health Coalition

NICOS CHINESE HEALTH COALITION
CHINESE COMMUNITY HEALTH STUDY

NICOS Chinese Health Coalition, with funding from Blue Cross of California[1], launched the Chinese Community Health Study[2] in Fall of 1995. This recently concluded study provides a wealth of information on the health status of San Francisco's Chinese American adult population and their health care usage, access, approaches, and needs. Research methodology included a telephone survey which was conducted in English and several dialects of Chinese and involved over 1,800 randomly sampled community residents.

Preliminary Summary of Findings

GENERAL DEMOGRAPHICS

All respondents were ethnic Chinese, 18 years of age or older, and San Francisco residents.

- Education: While 30.3% have at least a bachelor's degree, 27.2% have an eight-grade education or less
- Income: 63% have a household income of $30,000 or less
- Country of origin: 81.7% are foreign-born

HEALTH PROFILE STRONGLY RELATED TO INCOME AND LANGUAGE SPOKEN

Low income and monolingual, Chinese speaking respondents suffer health problems such as heart trouble and high blood pressure significantly more often than their higher income and more English proficient counterparts.

- 7 out of 17 health problems were found to occur significantly more often in the lower income ($30k/yr or less) group regardless of age
- 5 out of 17 health problems were found to occur significantly more often in monolingual, Chinese speaking survey respondents regardless of income

HEALTH CARE ACCESS ALSO AFFECTED BY INCOME AND LANGUAGE SPOKEN

Income and language serve as significant barriers to health care access for San Francisco's Chinese community. Of those respondents who report having no particular place to go for health care:

- 2 out of 3 are in the lower income group
- 9 out of 10 are monolingual, Chinese speakers
- Many cite "no insurance", "not enough money to pay for care", and/or "not able to find a doctor who speaks the same language" as reasons

[1] Prior to the creation of The California Endowment.
[2] The study was designed and conducted by Four Winds Research Corporation of San Francisco.

HIGH RATE OF UNINSURED

Uninsured respondents tend to be low income, non-English speaking, recently arrived immigrant and employed.

- 22% of all respondents are not covered by health insurance (vs. 14% nationwide[3])
- 40.1% of non-citizens in the survey sample have no insurance

HEALTH CARE SERVICES NOT FULLY UTILIZED

Low income and monolingual Chinese respondents tend not to take advantage of preventive care measures such as medical and dental check-ups, breast exams, pap smears, and prostate exams.

- 44% of all female respondents have not had a PAP smear in the last 24 months[4]
- 78% of all male respondents have not had a prostate exam in the last 24 months

EASTERN AND WESTERN APPROACHES TO HEALTH CARE UTILIZED

Most respondents report using a combination of eastern and western approaches to health care.

- 54% report that they take soup with Chinese herbal medicine in it at least once a week
- 19% report that they have been to a Chinese medicine doctor in the past year
- 43% believe that home remedies are as good as western medicine for minor health problems

GAMBLING AND GANGS ARE MAJOR CONCERNS

- 69.6% of respondents believe that gambling is a problem in the S.F. Chinese community
- 65.8% of respondents believe that gangs are a problem in the community

IMPLICATIONS

1. *New strategies must be developed to improve health care delivery to the Chinese community, particularly to those members limited in income and/or English skills*
2. *Culturally relevant, community-based health care services play a critical role in the community because they help overcome financial and cultural barriers to access*
3. *There is a continuing need for culturally specific programs and services that educate the community regarding health matters such as preventive care measures*
4. *There is a tremendous need to develop strategies to treat gambling addiction and to control gang activity in the Chinese community*

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[3] Commonwealth Fund, 1995.

[4] (vs. 5% of adult white women in California) Centers for Disease Control, 1992.

Roma P. Guy, M.S.W.
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Vice President

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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 3, 2000**
**Minutes of October 3, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Ron Hill)

(3.1.) **PHP-CHSS – Epidemiology and Disease Control** – Request for approval to accept and expend a grant in the amount of $174,841 from the Centers for Disease Control and Prevention, for the development, implementation and evaluation of the viral hepatitis prevention and control program, for the period of September 30, 2000 to September 29, 2001.

** Calendaring request memo, Grant information form, Budget summary*

(3.2) **PHP-Health Promotion** – Request for approval to accept and expend a two-year grant from the State Office of Traffic Safety (OTS), in the amount of $798,353, for the development of a community-based mini-grant program to promote solutions to traffic safety problems occurring within a variety of geographical and socio-cultural settings, for the period of January 1, 2001 to December 31, 2002.

** Calendaring request memo, Grant information form, Letter from the State OTS*

(3.3) **CHN-Pharmacy** – Request for approval of a new contract with Pharmaceutical Care Network (PCN), in the amount of $8.4 million, to provide pharmacy benefits management services for uninsured Community Health Network clients, for the period of November 1, 2000 through June 30, 2002.

** Calendaring request memo*

(3.4) **PHP-Central Administration** – Request for retroactive approval of a new contract with San Francisco Study Center (SFSC), in the amount of $237,000, to provide fiscal agent services (for the Community Health Institute) for community based acupuncture, Chinese medicine and therapeutic counseling services through the Community Acupuncture Clinic program, for the period of July 1, 2000 through June 30, 2001.

**Calendaring request memo*

(3.5) **PHP-CMHS** – Request for retroactive approval of a contract renewal with St. Luke's Hospital (SLH), for the provision of 24-hour acute psychiatric inpatient hospital services targeting adult Medi-Cal beneficiaries. The total contract amount for three hospital providers is $4,300,000 in Medi-Cal funds, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SLH for services totaling $5,846,000 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.6) **PHP-CMHS** – Request for retroactive approval of a contract renewal with St. Mary's Medical Center (SMMC), in the amount of: (1) $300,000 in City funds, for the provision of acute psychiatric inpatient hospital, partial day hospitalization and transitional outpatient services targeting uninsured adolescents, and (2) $4,300,000 in Medi-Cal funds for three hospital providers for the provision of acute psychiatric inpatient hospital services targeting Medi-Cal beneficiaries, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SMMC for services totaling $1,554,862 during FY 1999-2000).

** Calendaring request memo, Client demographic forms, Monitoring report summaries*

(3.7) **PHP-CMHS** – Request for retroactive approval of a contract renewal with Saint Francis Memorial Hospital (SFMH), for the provision of 24-hour acute psychiatric inpatient hospital services, in the amount of (1) $156,498 in City funds targeting uninsured adults, and (2) $4,300,000 in Medi-Cal funds for three hospital providers targeting adult Medi-Cal beneficiaries, for the period July 1, 2000 through June 30, 2001. (DPH contracted with SFMH for services totaling $156,498 during FY 1999-2000).

** Calendaring request memo, Client demographic information, Monitoring report summary*

(3.8) **CHS-Housing Services** – Request for retroactive approval of a new contract with Caduceus Outreach Services, in the amount of $95,480, to provide pro-bono psychiatric treatment to homeless and formerly homeless low income persons; case management and counseling services; and training, education and advocacy work regarding issues that affect the lives of psychiatrically-ill people, for the period of July 1, 2000 through June 30, 2001.

** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.9) **CHS-Housing Services** – Request for approval of a renewal contract with Catholic Charities of the Archdiocese of San Francisco (CCSF), in the amount of $420,640, to provide housing with comprehensive support services to persons with AIDS or disabling HIV who are very low income residents of San Francisco, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CCSF for services totaling $2,038,977 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Monitoring report summary, Letter from Catholic Charities*

(3.10) **CHS-Housing Services** – Request for retroactive approval of a renewal contract with John Stewart Company, in the amount of $304,670, to provide property management services at the Windsor Hotel, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with John Stewart for services totaling $1,001,016 during FY 1999-2000).

** Calendaring request memo, Monitoring report summary*

(3.11) **CHS-Housing Services** – Request for retroactive approval of a renewal contract with San Francisco AIDS Foundation (SFAF), in the amount of $469,422, to provide Partial Housing Subsidies and Housing Waitlist Services targeting very low income homeless San Francisco residents with AIDS or disabling HIV, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFAF for services totaling $2,662,268 during FY 1999-2000).

** Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(3.12) **AIDS Office-HIV Health Services** – Request for retroactive approval of a contract renewal with Community Dental Care, Inc. (CDC), in the amount of $651,429, to provide decentralized dental services targeting HIV positive, low income residents of San Francisco who are uninsured or underinsured, for the period of March 1, 2000 through February 28, 2001. (DPH contracted with CDC for services totaling $651,429 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Letter to CDC, Monitoring report summary, CDC response and rate schedule*

(3.13) **AIDS Office-HIV Health Services** – Request for retroactive approval of a contract renewal with Glide Foundation, in the amount of $119,985, to provide case management, peer advocacy and treatment advocacy services targeting HIV positive individuals in the Tenderloin, for the period of March 1, 2000 through February 28, 2001. (DPH contracted with Glide for services totaling $419,354 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Monitoring report summary and response letter from Glide*

(3.14) **AIDS Office-HIV Prevention** – Request for retroactive approval of a contract renewal with Glide Foundation in the amount of $263,645, to provide HIV prevention services and counseling, testing and referral services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Glide for services totaling $419,354 during FY 1999-2000).

** Calendaring request memo, Client demographic information forms, Monitoring report summaries with response letters and 1999 Program evaluation from Glide*

(3.15) **AIDS Office-HIV Prevention** – Request for approval of a contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $200,723, to provide HIV prevention services to Latino youth between the ages of 16 and 24 and Latino adults and transgenders 25 years and over, for the period of October 1, 2000 through June 30, 2001. (DPH contracted with MAAI for services totaling $323,625 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Monitoring report summaries*

(3.16) **AIDS Office-HIV Prevention** – Request for retroactive approval of a contract renewal with Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $176,914 per year for two years, for a total of $353,828, to provide HIV prevention services targeting behavioral risk populations, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.17) **AIDS Office-HIV Prevention** – Request for retroactive approval of a contract renewal with Regents of the University of California at San Francisco (UCSF) - AIDS Health Project, in the amount of $327,420, to provide HIV counseling, testing and referral services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

- *Calendaring request memo, Client demographic information form, Monitoring report summary and response letter from AIDS Health Project*

(3.18) **PHP-Housing -** Approval of a supplemental appropriation of $250,000 in general funds for a transitional housing program for homeless Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQQ) young adults.

** Information*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER**
**List of awardees*

6) **FOR DISCUSSION:** **UPDATE FROM THE LONG-TERM CARE TASK FORCE (AB 1040)**
**Report*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
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Web Site: *http//www.dph.sf.ca.us*

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 17, 2000
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV - 2 2000

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Note: There was a change in the order of agenda items.

President Guy announced that on Friday, October 13, 2000 Commissioner Ron Hill resigned from the Commission effective immediately. President Guy acknowledged his work on the Commission and his leadership as Chairman of the Budget Committee.

2) APPROVAL OF THE REGULAR MEETING OF OCTOBER 2, 2000

Action Taken: The Commission adopted the minutes of the meeting of October 3, 2000.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR OCTOBER

On behalf of the Commission, Commissioner David Sanchez presented the October awards to the following team:

Team Nominees	Division	Nominated by
Cathy Hayashida Judy Lariviere Suzanne Daly Helen H. Tong	Population Health and Prevention	Judy Bachman and Cliff Young

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Note: Commissioner David Sanchez chaired the Budget Committee, with Commissioner Parker and Commissioner Monfredini present.

(3.1.) **PHP-CHSS – Epidemiology and Disease Control** – Request for approval to accept and expend a grant in the amount of $174,841 from the Centers for Disease Control and Prevention, for the development, implementation and evaluation of the viral hepatitis prevention and control program, for the period of September 30, 2000 to September 29, 2001.

(3.2) **PHP-Health Promotion –** Request for approval to accept and expend a two-year grant from the State Office of Traffic Safety (OTS), in the amount of $798,353, for the development of a community-based mini-grant program to promote solutions to traffic safety problems occurring within a variety of geographical and socio-cultural settings, for the period of January 1, 2001 to December 31, 2002.

(3.3) **CHN-Pharmacy –** Request for approval of a new contract with Pharmaceutical Care Network (PCN), in the amount of $8.4 million, to provide pharmacy benefits management services for uninsured Community Health Network clients, for the period of November 1, 2000 through June 30, 2002.

Public Speakers:

Bobbie Rabinowitz, representing SEIU Locals 250, 790 and 535, does not support approval of this contract because it would result in the closure of the outpatient SFGH pharmacy; expressed Union's point of view that approval would be a direct violation of the MOU; urged Commission to table the issue until arbitration is completed.

Tim Hessong, pharmacy technician, opposed approval of contract, which is not a money-saving measure.

Michael Born, pharmacy technician, concerned about patients and services; use the Department's own clinics and hold on to SFGH as a safety net.

Nora Roman, ECSPH and CHRIA, stated this is a decrease in services to the community and represents a change in policy; abandons people who cannot pay; critical of procedures from problems with prescriptions.

Frank Bashford stated the SFGH pharmacists' salaries are too low.

Ed Kinchley, ER social worker, feels there are too many loopholes in the plan; he has not seen the contract to critique it.

Commissioner Monfredini asked whether privatization is in violation of the contract.

Jean Fraser, Deputy City Attorney, indicated the Union is in the grievance process. The Mayor has already approved this direction through the budget process. If the Commission does not approve this contract, contracting out the outpatient pharmacy is dead.

Commissioner Parker expressed his concern about the pharmacy services and feels this program should be reconsidered. He asked whether the Department has a backup plan. He feels if a private contractor can do this, why can't the Department do it?

Commissioner Sanchez referred this item to the full Commission since there are other public speakers who wish to testify before the full Commission.

(3.4) **PHP-Central Administration –** Request for retroactive approval of a new contract with San Francisco Study Center (SFSC), in the amount of $237,000, to provide fiscal agent services (for the Community Health Institute) for community based acupuncture, Chinese medicine and therapeutic counseling services through the Community Acupuncture Clinic program, for the period of July 1, 2000 through June 30, 2001.

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Commissioner Monfredini acknowledged a letter from Brian Cahill, interim CEO of Catholic Charities. She inquired about any heating problems in the facility. The staff of the program indicated no complaints of heating.

Commissioner Sanchez pointed out the excellent services of this contractor.

(3.10) **CHS-Housing Services** – Request for retroactive approval of a renewal contract with John Stewart Company, in the amount of $304,670, to provide property management services at the Windsor Hotel, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with John Stewart for services totaling $1,001,016 during FY 1999-2000).

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Michelle Dixon, AIDS Office, indicated a progress report on this contractor will be brought back to the Budget Committee in December.

Commissioner Monfredini pointed out much improvement is needed with this contractor.

Commissioner Sanchez expressed his concern about the capability of the contractor. He urged the Department to reassess the situation and decide to continue, discontinue, or re-bid the contract.

The contractor, Gene Dowdy, DDS, provided his perspective on the program and an overview of his capacity and work on the contract.

Commissioner Parker stated he has a lot of problems with this contractor. The areas in question include: frequency of services, fee schedule, distribution of services, measuring the quality of work, needs demographics of the patients, and whether there are unexpended funds. He would recommend a month-to-month contract, with retroactive approval from March 7, 2000 through October 31, 2000.

Commissioner Sanchez recommended another site visit in November, with an update at the Budget Committee meeting on December 19, 2000. At the December meeting, the Department would recommend whether the contract will be re-bid or to approve this contract from November 1, 2000 through February 28, 2001.

Ed Kinchley, SFGH social worker, advocated to table this contract; accused Deputy City Attorney of half-truths; no documentation this plan will save money.

Aurora Grajeda, TransAction Y, stated health services are not to make a profit but to serve the poor; withdrew an award to Dr. Katz from a transgender group

Nora Roman, ECSPH/CHRIA, discussed inadequacies of the contract; poor planning of DPH; this plan is decreasing services; no fee waivers, no quality assurance.

Josie Mooney, SEIU 790, indicated reasonable people can differ from time to time; there would be serious consequences of this contract; this would be in violation of the Union contract and a clear effort to undermine the Union contract.

Maria Martinez, Mission/Bernal Heights, commented on the impact on neighborhood clinics; critical for poor people and patients who use the SFGH outpatient pharmacy.

Commissioner Monfredini expressed concern about moving forward to approve this contract if the Department is not honoring the Union contract.

Jean Fraser, Deputy City Attorney, stated the contract does not violate the "No Contracting Out" provision of the SEIU contract because the services are already contracted out, and because a PBM is needed to ensure appropriate service is provided to the diverse communities served by the Community Health Network. The contract complies with all City contracting requirements. She also concluded that, while the issue is not free from doubt, the contract falls within exceptions to SEIU's "No Contracting Out" provision. In any case, this issue must ultimately be decided by the Mayor.

Commissioner Monfredini observed that if today the Commission does not approve the contract, the issue dies. If approved, the issue moves forward to the next stage in the process.

Commissioner Sanchez questioned tabling the issue; if this issue is tabled, nothing would go forward.

President Guy asked Commissioners to reopen testimony from the public.

Commissioner Chow questioned reopening public testimony. He would support reopening if it applies to everyone and not only certain speakers.

Dr. Katz clarified some misinformation given by some of the public speakers. He described the similar prescription program for mental health and AIDS patients; the formulary issue; the 116 choices of where to go for medication; the legal questions which were adequately answered by Ms. Fraser, Deputy City Attorney; and the budget approval process was already supported by the Health Commission, Board of Supervisors and the Mayor.

President Guy stated every Commissioner may ask questions of individuals providing public testimony. She requested clarification from Josie Mooney, SEIU 790, on her point that no City Department can initiate contracting out. Ms. Mooney stated if the Commission tables this item, the Union will meet before going to arbitration. Otherwise, the Union will seek an injunction. She stated she was not here to delay the contract; she was here to kill it.

OCT.27.2000 2:23PM SFDPH POLICY & PLNG. NO.502 P.2/2

Commissioner Sanchez asked about the evaluation of these pharmacy services and how is quality assurance integrated into this contract. He moved to table the contract, but there was no second to his motion.

Commissioner Monfredini expressed her uncomfortableness about moving forward to approve this contract. She would like more discussion and information on the contract. She also would like more legal information and would want to have an understanding of the Mayor's perspective on this situation. She would be in favor of continuing this item for more education and information.

Commissioner Umekubo would like more information on the contractor, the quality of care, and access to care.

Commissioner Parker supports patient satisfaction and patient convenience. He suggested doing a pilot project.

President Guy felt a resolution to this issue would not be here at the Health Commission but should be with the Mayor.

Dr. Katz reminded the Commission of the November 1, 2000 start date for this contract. There would be financial consequences. Dr. Katz encouraged the Commission to vote this contract up or down because this has been a long process; and the Commission had already adopted the policy issue through the budget process. Dr. Katz recommended the Commission consider a special meeting of the Commission if there is a continuance.

Action Taken: The Commission unanimously voted to continue #3.3 to a special Commission meeting on Tuesday, October 31, 2000 at 3:00 p.m. The Commission requested this issue be discussed at a meeting with the Mayor prior to October 31, 2000.

6) UPDATE FROM THE LONG-TERM CARE TASK FORCE (AB 1040)

Tony Wagner, Co-Chair of the Task Force and Executive Administrator for the Community Health Network introduced Sandra Nathan, newly appointed by Mayor Brown as the Department head for the new Aging and Adult Services Department.

Ms. Nathan thanked the Commissioners for the opportunity to speak. She expressed her agreement with the findings of the Long-Term Care task Force. She welcomed the opportunity to decrease Department barriers and to broaden the view of having a coordinated system of care so that seniors and disabled can maintain themselves in the community. She would like to move in an integrated fashion.

Mr. Wagner; Jennie Chin-Hansen, Co-Chair of the task Force and On Lok Executive Director; and Bill Haskell, Project coordinator for the task Force, provided an update on the activities of the Long-Term Care Pilot Project Task Force since April 2000, and its efforts to develop a comprehensive plan to improve long-term care service delivery for older and disabled adults; and propose a long-term care integration pilot project in San Francisco to the State Department of Health Services (DHS).

In summary, the Task Force has adopted recommendations related to: 1) governance structure; 2) waiver authority; and 3) project phasing. First, the Task Force recommends that a Governance Working Group be established to re-evaluate all options for the governance structure of a pilot project and develop a proposal by March 2001. Second, the Task Force recommends that concurrent

1915(b)(c) Medicaid waivers be sought on behalf of San Francisco by the State Department of Health Services, Office of Long-Term Care, as a basis upon which to implement a pilot project. Third, the Task Force recommends that the pilot project be implemented in manageable incremental phases; the first and second phases under the current fee-for-service reimbursement system, and the third phase (if determined desirable) under capitated managed care.

The complete report is available at the Commission Office.

The other topics covered were service-related and administrative costs of a pilot project, relationship of the pilot project to Laguna Honda Hospital, the continuing role for DPH, and relationship of the pilot project to the Department's Strategic Plan.

Mr. Wagner outlined the next steps (Attachment A).

Commissioner Chow commented the plan so far is a reasonable proposal. He commended the Tank Force's ability to change with the circumstances and to incorporate the Commission's concerns. He supports the integrated approach.

Commissioner Umekubo, concerned about the financing aspects of the plan, asked if there is a commitment to funding the waivers. There have been no commitments.

Commissioner Sanchez commended the Task Force in establishing a world class model.

Public Speakers:

Marie Jobling, PECC, supports the planning process; shared results of meetings with consumers; submitted document of the Long-Term Care Consumer Empowerment Project.

Luis Calderon, CIAPA, advocated for a strong role for consumers; promoted the concept of "nothing about us without us."

Fran Watkins, consumer, promoted the waiver concept; does not want to be on welfare; is looking for ways to protect her assets.

Gloria Williams, PECC, SAN and CIAPA, supports affordable housing with support systems to keep people at home.

Debra Howell, PECC, urged the Commission to remember the "upper poor;" urged expansion of IHSS Share of Cost pilot project, the increase for eligibility, and an initiative for long-term care.

President Guy commended the Task Force for a comprehensive report. She acknowledged the work of Bill Haskell, Project Coordinator, and indicated her support for this social/medical model with case management. She would like the Task Force's recommendations and final report to come back to the Commission in January or February. Mr. Wagner will check with the Task Force and get back to President Guy.

7) PUBLIC COMMENTS

Michael Petrelis, AIDS.Statistics.com, posed questions on cutting salaries before cutting services; submitted his letter to Dr. Jeff Klausner on the annual 1999 STD Report, his letter to Dr. Katz on an HIV consensus meeting, and a letter from Donna Shalala to Congressman Tom Coburn.

Ronnie Burk, Act UP/SF, commented on AIDS services, a former Health Commissioner; sees continued greed and graft of funds; reconsider the direction of the City.

Betty Best, Act Up/SF, concerned with the state of public health and the budget; need for more emphasis on nutrition; San Francisco is in a lot of trouble.

Todd Swindell, Act Up/SF, referred to a new article on a former Health Commissioner; promoted the appointment of an Act Up/SF person to the Health Commission; observes greed and corruption in San Francisco on the backs of gay men.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

ADMINISTRATION

Combined Charities

The annual Combined Charities campaign kicks off October 23rd. Information and pledge forms will be handed out with paychecks October 24th. Anne Kronenberg, overall DPH coordinator; LaFrancine Tate, SFGH coordinator; Steve Koneffklatt, LHH coordinator and Wayne Clark, coordinator for PH&P.

POPULATION HEALTH AND PREVENTION

Grants

The Department received a letter from the Center for Substance Abuse Treatment (CSAT) awarding funds for the Action Point II grant (HIV Treatment Capacity Expansion). This grant will support HIV medication adherence for 70 HIV+ individuals who reside in the Bayview, as well as methadone maintenance treatment for 40 of those 70 clients. This project will be a collaboration between Population Health and Prevention and Southeast Health Center and the Institute for Community Health Outreach/Nia. The grant covers these services for three years.

STD Prevention and Control

The STD branch continues to be awarded grants for a variety of programs. These include:

- $50,000 for monitoring trends and prevalence of STDs, TB and HIV risk behaviors among MSMs who seek services at City Clinic and the Tom Waddell Transgender Clinic.

- $277,930 for integrated surveillance systems for communicable diseases to link AIDS data with STD data and other variables.

- $40,000 for monitoring the prevalence of STDs and TB infections among persons entering SF County.

Community Health Promotion and Prevention

The San Francisco Violence Prevention Network is sponsoring *"Peace it Together"* - a day to join together to promote peace and prevent violence using a public health approach. The event will provide examples of effective public health models to address violence prevention that relate to alcohol, firearms and witnessing violence.

The sponsors hope to gain specific input and direction from forum participants to continue development of a long-range strategic plan for violence prevention in San Francisco, including identification of activities.

The event will be held on October 25th from 8:00 am - 5:00 p.m. at the California State Building. *Peace it Together* brochure is on the home page of the DPH web site.

Newcomer's Program

The 20th Anniversary Celebration of Newcomers Health Program and Refugee Medical Clinic will be held November 1st, from 3:00-5:30 p.m. at Refugee Medical Clinic (SFGH Campus, Building 80, Ward 85). Staff, providers and volunteers should RSVP to Patricia Erwin at 705-8553.

COMMUNITY HEALTH NETWORK

Community Initiative – Prostate Cancer

On October 14, 2000 the African-American Men's Health Initiative, an initiative of the Bayview Hunters Point Health and Environmental Resource Center, sponsored a successful community education program focusing on screening of prostate cancer. Prostate cancer is a disease with high incidence among African-American males.

Cynthia Selmar, Commissioner Parker and Dr. Arthur Coleman were acknowledged at the program with awards for the leadership in this effort. Among those participating in the day's event were Mayor Brown, Supervisor Amos Brown, Dr. Mack Roach, Commissioners Roma Guy and Harrison Parker, Tony Wagner, Dr. Melissa Welch, Health Center Directors Michael Pile and Freddie Smith

Employee Recognition Dinners

The Laguna Honda Hospital 19th Annual Employee Recognition Buffet Dinner, Halloween Ball and Costume Contest will be held Friday, October 20, 2000 at Patio Espanol, 2850 Alemany Blvd. Beginning at 6:00 p.m. until 11:30 p.m.

The SFGH Employee Recognition Banquet will be held Nov 17th in the cafeteria at SFGH. All SFGH and UCSF employees with 10, 15, 20, 25, 30, 35 or more years of service will be honored.

Successful North of Market Senior Services Annual Dinner

Congratulations go out to Gay Kaplan, Director North of Market Senior Services; Terri Brown and Arla Escontrias, dinner co-chairs of this year's Annual Tribute Dinner held October 12th at the Argent Hotel. The event was lively, elegant and met this year's fundraising goal. Attendance was high and included a special visit from Mayor Brown.

Honorees for this year's Francis J. Curry Award were: New Leaf Outreach to Elders program, for their "lunch bunch" program, and Evan White, Bay T.V. News Anchor- a long time champion of services to the elderly and underserved. The recipient of the Joseph Mignola, Jr. Award went to Arc for their innovative/collaborative services to the developmentally disabled adult.

SFGH Medical Staff Credentials Report

	10/00	2000 YTD
New Appointments	13	150
Reinstatements	1	10
Reappointments	45	340
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	12	130
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	4
Voluntary Relinquishments	2	2

Public Speakers:

Todd Swindell, Act Up/SF, claims the Department is not up front about accurate numbers for rectal gonorrhea, syphilis, shigella; referred to Dr. Katz's letter to the Bay Area Reporter.

8) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 7:00 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Next Steps

Over the next several months, the Task Force will work in cooperation with the Department to resolve the remaining policy issues that need to be addressed. The Task Force will then finalize its recommendations for a comprehensive plan to improve long-term care service delivery. Toward this end, a number of activities will be accomplished, as follows:

1. Options for governance will be reevaluated by a Task Force subcommittee, along with the Department and other interested organizations, under the auspices of the Governance Working Group. A proposal from the Governance Working Group will be brought back to the full Task Force by March 2001.

2. The Department will undertake its own separate analysis of San Francisco's data set in order to establish the actual size and characteristics of the target population, and understand related service utilization and cost information.

3. MIS system requirements will be explored by the Task Force, the Department, and community-based service providers.

4. The type/number of existing State Plan services, like in-home supportive services and adult day health care, sought for inclusion under a 1915(b) waiver will be refined.

5. The type/number of alternative home and community-based services, like case management and social day care, sought for inclusion under a 1915(c) waiver will be refined.

6. A description of the characteristics of provider networks intending to deliver home and community-based services in the first phase of service delivery will be developed.

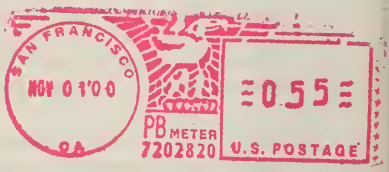
7. A description of the characteristics of provider networks intending to deliver medical/ institutional services in the second phase of service delivery will be developed.

8. Statements of interest from long-term service provider organizations considering the formation of provider networks will be requested.

9. The Task Force and the Department will work in collaboration with the new Department of Aging and Adult Services to explore all methods of developing a coordinated service delivery system for older and disabled adults.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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John L. Umekubo, M.D.
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Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

PUBLIC NOTICE

AGENDA

SPECIAL HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
OCT 26 2000
SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, October 31, 2000
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) **CALL TO ORDER**

2) **FOR DISCUSSION AND ACTION**

CONTINUATION FROM THE OCTOBER 17, 2000 HEALTH COMMISSION MEETING ON THE REQUEST FOR APPROVAL OF A NEW CONTRACT WITH PHARMACEUTICAL CARE NETWORK (PCN), IN THE AMOUNT OF $8.4 MILLION, TO PROVIDE PHARMACY BENEFITS MANAGEMENT SERVICES FOR UNINSURED COMMUNITY HEALTH NETWORK CLIENTS, FOR THE PERIOD OF NOVEMBER 1, 2000 THROUGH JUNE 30, 2002

***Summary of Contract Request to the Health Commission**
***Excerpt on contracting from the MOU between the City and County of San Francisco and SEIU**
***PCN Scope of Work**
***List of Pharmacies**

PUBLIC COMMENTS**

* Explanatory documents are available at the Health Commission Office.
** Opportunity for members of the public to address the Health Commission on this item prior to any action.

For information call the Health Commission Office at 554-2666.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, October 31, 2000
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV 17 2000

SAN FRANCISCO
PUBLIC LIBRARY

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:08 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) CONTINUATION FROM THE OCTOBER 17, 2000 HEALTH COMMISSION MEETING ON THE REQUEST FOR APPROVAL OF A NEW CONTRACT WITH PHARMACEUTICAL CARE NETWORK (PCN), IN THE AMOUNT OF $6.9 MILLION, TO PROVIDE PHARMACY BENEFITS MANAGEMENT SERVICES FOR UNINSURED COMMUNITY HEALTH NETWORK CLIENTS, FOR THE PERIOD TIME OF CERTIFICATION IN NOVEMBER 2000 THROUGH JUNE 30, 2002

Dr. Mitch Katz, Director of Health, thanked the Commission for scheduling this special meeting. He reviewed the concerns about the Pharmacy Benefits Management Program expressed at the October 17th meeting (Attachment A).

Dr. Katz also reviewed the proposed compromise to the San Francisco General Hospital outpatient pharmacy services and to the proposed contract with Pharmaceutical Care Network (PCN) contract (Attachment B). He clarified one issue that is not in his memo regarding prescriptions from non-CHN physicians. The PCN will accept prescriptions from non-CHN physicians.

Public Speakers:

- Iris Biblowitz, Emergency Coalition to Save Public Health, does not trust DPH on the compromise; wants full reopening of the outpatient pharmacy; does not support privatization of the pharmacy.

- Aurora Grajeda, TransAction, accepts the compromise; urges the Commission to support the compromise; will not save money; private corporation's goal is to make money; gave TransAction award back to Dr. Katz.

- Jim Buckley, Mission Center Advisory Committee, is in favor of the compromise.

- Nora Roman, Emergency Coalition to Save Public Health and Committee for Health Rights in the Americas, thanked Commissioners Parker and Sanchez for their support; there is a staffing crisis in DPH; ER diversions are up; demands more money and better management.

- Ed Kinchley, SEIU 790, thanked the Commission and Dr. Katz for the compromise; there was no effort made to compromise prior to last week; contract is a pilot project, which will have an oversight committee.

- Walker Dukes, patient, supports compromise and oversight committee; not as good as it could be but better than previous management.

- Mary Magee, Local 790 and Coalition to Save Public Health, stated there is no dialogue among staff; cannot provide safe care; terrible nursing shortage; more funding needed.

- Michael Lyon, Emergency Coalition, stated DPH is willing to sacrifice services for corporate giveaways; urged to find out the reimbursements to private pharmacies.

Note: Dr. Katz reported the pricing is the same for all pharmacies.

- Fifteen (15) representatives from the S.F. Organizing Project, represents 40 churches, presented flowers to Josie Mooney and Nora Roman; support the compromise; thanked the Commission and Dr. Katz for collaborating with Locals 250 and 790.

- Michael Born, shop steward at SFGH pharmacy, thanked the Commission on behalf of the SFGH pharmacy.

- Bobbie Rabinowitz, SEIU Local 250, thanked the Commission for its responsiveness to a continuance in order to work out a compromise; has serious reservations; opposed to contracting out.

- Josie Mooney, President of SEIU 790 and founding organizer of S.F. Organizing Project, (SFOP) acknowledged the work of the SFOP, the Coalition to Save Public Health; worst fight is yet to come; this compromise is right thing to do to better serve clients; thanked Dr. Katz for setting aside any preconceived plan and the Commission for its courage.

- Teresita C. Gaitan, Local 250, urged the continued support for the poor in San Francisco; privatization is not the answer; no patient should go without medication.

Commissioners' Comments:

- Need to look at the whole CHN for access and care; other parts of the CHN need support.

- This is an example of the voice of the community; thanked the unions, the people and the Mayor.

- This has been an informed discussion and dialogue on how to serve the City; encouraged continued input.

- Supports the compromise and trying something different.

- Supports the compromise and leadership to make it work; use this for future to work together on the Strategic Plan for one Department and bring more money into the system.

Action Taken: The Commission unanimously approved the PCN contract with the compromise.

The meeting was adjourned at 4:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: October 26, 2000

TO: Honorable Roma Guy, President
and Members of the Health Commission

FROM: Mitchell Katz, MD
Director of Health

RE: **Pharmacy Benefits Management Program**

The following memo is to address the public's concerns and answer comissioners specific questions regarding Pharmaceutical Care Network (PCN), the pharmacy benefits management firm with whom the CHN wishes to contract for outpatient prescription services for its indigent patients.

- ☐ PCN (Pharmaceutical Care Network) is a privately held corporation of the California Pharmacists Association. The California Pharmacists Association is one of the state's two premier professional pharmacy organizations.

- ☐ PCN has both a Board of Trustees (governing body) and Board of Directors. Overall there are a total of 26 members who sit on the Board of Trustees and the Board of Directors. The company has submitted documentation verifying that their workforce meets the City requirements regarding diversity. The governing body of the parent company and the Board also are diverse with respect to gender and ethnicity of members. The ethnic breakdown of the members are 19 Caucasians, 4 Asian American, 2 African American, and 1 Hispanic American. The gender breakdown is 23 men and 3 women.

- ☐ PCN has operated as a pharmacy benefits management company since 1984. It currently has contracts with several entities that provide pharmaceutical benefits for Medicaid and Medicare managed care populations.

- ☐ Examples of public assistance programs with whom PCN has had at least two years' experience include: Alameda Behavioral Health Care Services, Orange County (CalOptima, Medicaid managed care), and San Francisco Health Plan. They have also recently entered into an agreement with Passport Health Plan in Kentucky and Inland Empire who serves both the San Bernandino and Riverside counties. These programs serve clients with socioeconomic and demographic profiles similar to those served by the CHN.

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Selection of PCN

The attached Executive Summary from PCN's response to our request for proposals provides more detailed information on the contracts they currently hold with pubic and private health provider groups. The Executive Summary also contains statements of endorsement and support for the quality of PCN's services from some of its current clients. Additional letters of support are also attached.

- ☐ The independent panel that evaluated proposals submitted in response to our request for proposals gave PCN the highest score based on PCN's experience with systems and client populations similar to the CHN, the high level of satisfaction of PCN's current customers with services and quality of services provided, and the high quality of PCN's standard and special reporting packages.

- ☐ The proposed fee structure is also very competitive. The base administrative fee includes all reports specified in our request for proposals, and PCN's special clinical reporting package. Other similar reporting capabilities offered by competitors were not part of the base fee structure, and would been available only at additional cost to the CHN.

- ☐ The total number of clients in PCN's national database is 2 million. The total number of Medicaid managed care clients in the company's database is 900,000. The number of clients cared for through individual programs range from 3,000 to over 200,000. PCN is therefore experienced at meeting the needs of small and large health provider organizations. The CHN client base is 60,000.

- ☐ The pharmacy network through which PCN provides prescription services includes both chain and independent pharmacies. CHN patients will be able to choose from any of 117 pharmacies currently in PCN's network. The pharmacies are located in geographically diverse areas of the City and County. An illustration of the locations of pharmacies within PCN's network, and their proximity to CHN clinic and other care sites, is attached.

- ☐ Pharmacies in areas with large populations of non-English speaking clients employ staff who can speak the same language so that they might help their patients understand their medications. For example, pharmacies in Chinatown employ Mandarin and Cantonese speaking staff, and those in the Mission district employ Spanish speaking staff. CHN patients may already be customers of their neighborhood pharmacies for non-prescription related items. By being able to have their prescriptions filled at their neighborhood pharmacy, CHN patients will have their prescription needs met in the same culturally and linguistically sensitive manner in which they have had their non-prescription needs met. Calls to PCN's help desk line are supported by the AT&T Language Line for non-English speaking callers.

- ☐ Like all services provided to CHN patients, the quality of services provided by PCN and its network pharmacies will be included in the quality and risk management processes, and findings will be regularly reported to the Health Commission. Various performance standards are included in the contract and these will be monitored as well. Based on PCN's record of quality performance with other organizations, we do not anticipate problems or lapses in service.

    - The specific indicators of performance that will be monitored by the CHN and PCN are:
        - Patient and staff grievances (calls to Eligibility, Pharmacy, Patient Referral)
        - Unusual occurrences filed through the Hospital's reporting system
        - Patient visits to the ED and urgent care for refills, and for negative outcomes due to inability to access prescription services
        - Calls to PCN's help desk
        - PCN's call response and call abandonment rates
        - Verification of invoices received from PCN with respect to:
            - copay amounts collected, patient involved, pharmacy involved
            - Medi-Cal share of cost payments to pharmacies, by patient
            - fees charged
            - drug ingredient costs
        - Number of new patient enrollments
        - Utilization reports for the following:
            - specific drug and drug classes
            - patient utilization data
            - provider utilization data
            - network pharmacy utilization data
            - non-formulary and prior authorization drug utilization
        - Medication use evaluation studies
            - to evaluate adherence to guidelines, use criteria
            - to evaluate appropriateness of drug use
        - Patient satisfaction survey that will assess average wait times for prescriptions, linguistic capabilities provided by PCN and its network pharmacies, and overall customer service.

- ☐ PCN has additionally demonstrated its sensitivity to our needs by offering to have its staff on-site at SFGH during the transition period. PCN staff will help CHN staff as well as CHN patients make as smooth a transition to our expanded pharmaceutical services system as possible.

- ☐ PCN currently is involved in an internal personnel-related legal issue. There are no other pending lawsuits against or brought by the company. PCN has never filed a lawsuit against a client nor has a lawsuit ever been brought against PCN by a client.

Programmatic aspects of the PCN

At the last Health Commission meeting issues were raised about special situations for our clients. I wish to clarify these special arrangements.

1. The contractor has agreed that they will update eligibility information within ten minutes. Therefore there will be no difficulty in getting people medications promptly through the PCN including on nights and weekends. We have also created a back-up manual system in case the computer is down.

2. Prescriptions will be filled for our patients who are seen by other providers and/or who are discharged from other inpatient hospitals. Those patients will simply need to go through the same eligibility process that any of our patients do. The prescriptions of non-CHN providers will be honored. We are doing this specifically because we recognize that our patients are sometimes seen in other settings.
3. We will be using the same formulary with the same rules about reimbursement through the PCN that we use currently at the SFGH pharmacy. That is, anyone who is 200% or below the poverty level will receive free medications, people above 200% will pay $2.00 per prescription.

City and County of San Francisco

Department of Public Health

Mitchell H. Katz, MD
Director of Health

MEMORANDUM

DATE: October 31, 2000 **(REVISED)**

TO: President Roma Guy
and Members of the Health Commission

FROM: Mitchell H. Katz, MD
Director of Health

SUBJECT: Amendment to the PCN Contract for Tuesday, October 31st, 2000

This memo is to summarize proposed changes to the outpatient pharmacy services and to the proposed contract with PCN.

At the time that we prepared additional background information for the Health Commission meeting of October 31, I had not yet met with the Mayor to attempt to forge a compromise. On Friday, October 27th, 2000 Josie Money, President of Local 790, Local 250 Field Representatives, Local 790 and 250 members who work in the pharmacy, as well as officers from the Union, and I met with the Mayor.

We outlined to the Mayor three options. The options were:

- Option 1, go forward with the PCN contract as is and recognize that there would likely be a protracted grievance arbitration and court battle;
- Option 2, do not go forward with the PCN and return to the previous method of the distributing medications through the SFGH pharmacy; or,
- Option 3, keep a limited hours pharmacy at SFGH which would run between 10:00 AM and 7:00 PM Monday through Friday and go forward with the PCN. The Union stipulated that if the Mayor chose Option 3 that it would not pursue grievances or lawsuits on this issue and would allow the PCN contract to go forward.

The Mayor chose Option Three. We will therefore go forward with the compromise that has been reached between the Department of Public Health and the Union. The specific features of this compromise are:

1. The pharmacy will be open 10:00 AM to 7:00 PM Monday through Friday five days a week.

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2. We will pursue through the Board of Supervisors an internal adjustment for civil service pharmacists to raise them to comparable market salaries. We will propose to the Board of Supervisors that this internal adjustment be 8%. This would still put our pharmacists at a level below most commercial pharmacists but at a level sufficiently high to enable us to recruit adequate experienced pharmacists into our system.

3. We will implement a gradual elimination of the pharmacy registry contracts with every effort to replace the registry with civil service staff as soon as possible. Given that we pay significantly more for pharmacy services through the registry contract than our civil service pharmacists will earn with the 8% adjustment, the department believes that this is a very positive step for everyone involved.

4. All pharmacy vacancies will be filled system-wide.

5. The PCN contract will be viewed as a pilot with review by the Health Commission in December 2001. This will give ample time for the Health Commission to consider the success of the pilot project and to determine whether or not we will be continuing it beyond the period of twenty months that we are bringing forward.

6. An oversight committee will be created to include Union and community representatives in equal numbers to DPH employees to provide input on educational materials and oversight and monitoring of quality assurance issues. The committee as well as the Health Commission will have access to raw data and reports produced by the PCN.

7. The Union and DPH jointly reviewed identified issues with the contract and were able to resolve all of these issues. Included in the revision is that we will insure that there is no discrimination against our clients due to being homeless or hygiene standards.

8. DPH and the Union agree that resolution of this dispute will not set a precedent in regards to any other dispute, which may arise out of this MOU language.

9. During hours at which the SFGH Pharmacy is not open, patients seen in the SFGH emergency department who are judged by the provider to be unable to take their prescriptions to a commercial pharmacy that is open or to wait for the prescription until the SFGH pharmacy is open will be able to get their prescription filled through the inpatient pharmacy.

As a separate feature of this agreement, the Coalition to Save Public Health has agreed to withdraw its suit aimed at our current pharmacy operation. The benefit of this compromise is that our patients will receive the best of both worlds. They will have the availability of having their prescriptions filled 24-hours a day and go to neighborhood pharmacies without traveling. In addition, we will avoid arbitration and legal disputes that are costly, time consuming, and sap energy from our pursuing other important policy initiatives.

As the Commission might expect, there is a cost associated to this agreement. With the internal adjustment for pharmacists, we believe that the cost will be approximately $1.1 million. This money is not currently budgeted in the Health Department budget and would therefore require that during the course of the year, we would have to revise our budget within the CHN in order to make this compromise possible. On the other hand, as the initial proposal to go

entirely with a PCN was estimated to save us $1.7 million, this proposal still saves us $600,000 compared to the pharmacy operation that we are currently running.

This program change will alter the amount of the PCH contract for the twenty-month contract period. We propose to reduce the PCN contract from $8,400,000 to $6,900,000. This will allow the CHN to continue to budget for staffing and pharmaceuticals for patients who will receive their medications at the SFGH Outpatient Pharmacy. This estimate is based on the assumption that PCN will provide 20% fewer prescriptions than the original contract proposal.

As the Commission is aware, I view my job as Director of Health to be to forge consensus for good policy in the City and County of San Francisco. Being responsive to one's community means looking for creative solutions and I am especially grateful to Josie Mooney, the Local 790 and Local 250 members, and the members of the Coalition to Save Public Health who enabled us to reach this compromise.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
NOV - 2 2000
SAN FRANCISCO
PUBLIC LIBRARY

November 7, 2000
3:00 P.M.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

Note: The Budget Committee will meet at Laguna Honda Hospital, Gerald Simon Auditorium.

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 17, 2000**
**Minutes of October 17, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-Urban Health** - Request for approval to accept a grant of $1,481,154, ($496,520 FY 2001 and $492,317 for each of FY 02 and 03), from the Federal Center for Substance Abuse Treatment for Action Point-II/HIV Treatment Capacity Expansion, for the period of October 1, 2000 through September 30, 2003, and a sole source contract with the Institute for Community Health Outreach (ICHO), for $323,234, ($121,800 in FY 2001, $105,899 in FY 2002 and $95,535 in FY 20003), for the period of November 1, 2000 to August 31, 2003. (DPH contracted with ICHO for services totaling $140,453 during FY 1999-2000).
* *Calendaring request memo, Grant information form, Budget forms*

(3.2) **PHP-AB 75** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds, in order to accept the State CHIP funds for fiscal year 2000-01.
* *Calendaring request memo, Description package and Detail sheets*

(3.3) **PHP- HIV Health Services** - Request for approval to accept and expend a new three-year grant from the Office of Minority Health, in the amount of $3,133,323, for the support of minority community based AIDS service organizations through a comprehensive organizational capacity building program, for the period of September 30, 2000 to September 29, 2003. Also, approval of a sole source contract with CompassPoint Non-Profit Services, in the amount of $2,774,200, for the same period. (DPH contracted with CompassPoint for services totaling $942,288 during FY1999-2000).
* *Calendaring request memo, Grant application information form, Grant approval letter and award notice, Budget summary*

(3.4) **PHP-Housing Services** – Request for approval of a retroactive sole source renewal contract with Mission Housing Development Corporation (MHDC), the lead agency and fiscal agent for the Mission Single Room Occupancy Collaborative, in the amount of $246,951, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with MHDC for services totaling $245,000 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form*

(3.5) **PHP-Housing Services** – Request for approval of a retroactive contract renewal with Episcopal Community Services (ECS), in the amount of $1,038,255, to provide support services to the homeless and recently homeless tenants of the Rose Hotel, Canon Kip Community House and the Pacific Bay Inn, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with ECS for services totaling $1,171,786 during FY 1999-2000).
* *Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(3.6) **PHP-TB Control** – Request for approval of a retroactive contract renewal with the Regents of the University of California at San Francisco (UCSF) at San Francisco General Hospital (SFGH), in the amount of $229,499, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.7) **PHP-Health Promotion** – Request for approval of a sole source new contract with Men Overcoming Violence (MOVE), in the amount of $79,500, to provide domestic violence prevention services to service providers and Community Action Teams, for the period of October 1, 2000 through June 30, 2001.
* *Calendaring request memo, Monitoring report summary*

(3.8) **PHP- HIV Prevention** – Request for retroactive approval of a contract renewal with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $339,019, to provide HIV prevention services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with HAFC for services totaling $9,687,537 during FY 1999-2000).

* *Calendaring memo, client demographic information form, Monitoring report summary, HAFC response letter*

(3.9) **PHP- HIV Prevention** – Request for retroactive approval of a contract renewal with Urban Indian Health Board, Inc. (UIHB), in the amount of $150,000, to provide case management and peer advocacy services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UIHB for services totaling $346,175 during FY 1999-2000).

* *Calendaring request memo, Client demographic information form, Monitoring report summary, General fund update letter*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **FOR DISCUSSION:** **UPDATE ON THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT**
**Report*

6) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
**Report*

7) **FOR DISCUSSION:** **PRESENTATION OF THE LEGISLATIVE REPORT**
**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Directions to LHH

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor, at the left off the Main Building entrance.

Disability Access

Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium and Conference Room B102.

Muni metro subway, most motor bus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

If you require special listening devices, American sign language interpreters and readers, large print copy of agenda or other special services, please advise LHH's Nursing Office at (415) 664-1580, extension 2709, or by calling 759-2367, at least 72 hours prior to the meeting. Late requests will be honored if possible.

Please help accommodate individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities by refraining from wearing fragrances.

Public Transportation

You are encouraged to utilize public transportation. The Forest Hill Muni (surface/subway) Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage across from City Hall, (entrance on McAllister between Polk and Larkin streets, and day-long parking is available).

Motor bus lines *#36 Teresita, #43 Masonic, #44 O'Shaughnessy, and #52 Excelsior* serve the Forest Hill Station. You may transfer to the *#89 Laguna Honda* (wheel chair accessible) motor shuttle bus, which provides services 7-days a week, every 15 minutes, from 10:12 a.m. to 2:45 p.m., from the Forest Hill Station to the west entrance of the Main Building, to Clarendon Hall, and to the east entrance of the Main Building. adjacent to a wheelchair ramp.

For more information about MUNI accessible services, call 923-6142.

Hospital Parking

Although it is possible to park in the neighborhood of the hospital – on Laguna Honda Boulevard and Clarendon Drive – nearby residential area parking is limited to 2 hours. Parking on the hospital grounds if free but limited. On hospital grounds you are welcome to park in any identified legal parking space which does not carry a rectangular "reserved" sign over the space or block of spaces. Local parking regulations are strictly enforced. Once issued, SFPD tickets cannot be reversed as a "courtesy". Please be sure to observe all parking signs and marked curbs.

Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

MINUTES

HEALTH COMMISSION MEETING

November 7, 2000
3:00 P.M.
at
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.
San Francisco, CA 94116

DOCUMENTS DEPT.

NOV 2 0 2000

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 17, 2000

Action Taken: The Commission unanimously adopted the minutes of October 17, 2000.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-Urban Health** - Request for approval to accept a grant of $1,481,154, ($496,520 FY 2001 and $492,317 for each of FY 02 and 03), from the Federal Center for Substance Abuse Treatment for Action Point-II/HIV Treatment Capacity Expansion, for the period of October 1, 2000 through September 30, 2003, and a sole source contract with the Institute for Community Health Outreach (ICHO), for $323,234, ($121,800 in FY 2001, $105,899 in FY 2002 and $95,535 in FY 20003), for the period of November 1, 2000 to August 31, 2003. (DPH contracted with ICHO for services totaling $140,453 during FY 1999-2000).

Commissioner Sanchez acknowledged the presence of former Health Commissioner Thomas Eades.

(3.2) **PHP-AB 75** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds, in order to accept the State CHIP funds for fiscal year 2000-01.

(3.3) **PHP- HIV Health Services** - Request for approval to accept and expend a new three-year grant from the Office of Minority Health, in the amount of $3,133,323, for the support of minority community based AIDS service organizations through a comprehensive organizational capacity building program, for the period of September 30, 2000 to September 29, 2003. Also, approval of a sole source contract with CompassPoint Non-Profit Services, in the amount of $2,774,200, for the same period. (DPH contracted with CompassPoint for services totaling $942,288 during FY1999-2000).

(3.4) **PHP-Housing Services** – Request for approval of a retroactive sole source renewal contract with Mission Housing Development Corporation (MHDC), the lead agency and fiscal agent for the Mission Single Room Occupancy Collaborative, in the amount of $246,951, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with MHDC for services totaling $245,000 during FY 1999-2000).

(3.5) **PHP-Housing Services** – Request for approval of a retroactive contract renewal with Episcopal Community Services (ECS), in the amount of $1,038,255, to provide support services to the homeless and recently homeless tenants of the Rose Hotel, Canon Kip Community House and the Pacific Bay Inn, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with ECS for services totaling $1,171,786 during FY 1999-2000).

(3.6) **PHP-TB Control** – Request for approval of a retroactive contract renewal with the Regents of the University of California at San Francisco (UCSF) at San Francisco General Hospital (SFGH), in the amount of $229,499, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000).

Commissioner Sanchez abstained due to conflict of interest.

(3.7) **PHP-Health Promotion** – Request for approval of a sole source new contract with Men Overcoming Violence (MOVE), in the amount of $79,500, to provide domestic violence prevention services to service providers and Community Action Teams, for the period of October 1, 2000 through June 30, 2001.

Commissioner Sanchez commented there should be ongoing efforts to share information with the public school system.

(3.8) **PHP- HIV Prevention** – Request for retroactive approval of a contract renewal with Haight Ashbury Free Clinic, Inc. (HAFC), in the amount of $339,019, to provide HIV prevention services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with HAFC for services totaling $9,687,537 during FY 1999-2000).

Commissioner Monfredini requested a 90-day (February 2001) follow-up on this contract to the Budget Committee.

Commissioner Sanchez suggested supplemental information on up-to-date progress in response to negative monitoring reports be included in the Commission packets.

(3.9) **PHP- HIV Prevention** – Request for retroactive approval of a contract renewal with Urban Indian Health Board, Inc. (UIHB), in the amount of $150,000, to provide case management and peer advocacy services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with UIHB for services totaling $346,175 during FY 1999-2000).

Commissioner Monfredini requested a follow-up report in February 2001 to either the JCC-PHP or Budget Committee.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

President Guy welcomed everyone to Laguna Honda Hospital for this annual meeting. She acknowledged the Commission, Laguna Honda Hospital staff and residents for their support and work towards the passage of the bond initiative for the Laguna Honda replacement (Proposition A). She also expressed appreciation for the ongoing work of Laguna Honda Hospital staff.

4) **DIRECTOR'S REPORT**

(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

POPULATION HEALTH AND PREVENTION

Adult System of Care Grant

San Francisco is one of 26 jurisdictions in the State slated to receive a total of $54.8 million from the State's Adult Systems of Care (ASOC). Community Mental Health Services has been notified that we will receive $1,661,167 for the first 8½ month funding cycle. Subsequent annual awards of $2.3 million for three years will provide a variety of new services to the City's homeless mentally ill.

To qualify for the grant, all of the funds will be used to provide new services in integrated adult service programs. The grant will employ a mix of mental health professionals and peer outreach workers, a program design that works especially well with homeless clients.

The funds will allow the City to reach out to homeless mentally ill to provide a comprehensive array of services to persons who are homeless mentally ill, at risk of homelessness or at imminent risk of incarceration because of mental illness. Along with mental health and substance abuse treatment provided to clients, the City will be able to add other essential services that include housing,

employment, life skills coaching and social support. The new funds will provide approximately 120 slots for individuals to receive services through the City's Mobile Outreach Support and Treatment Team (MOST) in the South of Market area. Additionally, 55 beds will be created for permanent, respite and transitional housing.

State Senator John Burton and Supervisor Amos Brown were instrumental in advocating the Governor's office on behalf of the Department.

Update on Flu Vaccine

DPH flu shot clinics begin Tuesday, November 7. Only persons at high risk will be vaccinated. SFDPH has received approximately 35% of our vaccine allotment from the State. We have not been given a date as to when we will receive more flu vaccines and our Health Centers could potentially run out of vaccine before our next shipment arrives. Most San Francisco hospitals do not have flu vaccine available at this time. More information on DPH flu shot clinics and educational materials created by CWIC (The Citywide Influenza Coalition) are available on SFDPH's web site.

The Department is recommending that high-risk populations be the priority for the vaccine.

Tobacco Free Project

The Tobacco Free Project will be developing a 3-year plan for fiscal year 2001-2004 based on the State-mandated Communities of Excellence in Tobacco Control model. The goals of this new model are to:

- broaden community participation; assess community needs and assets;
- emphasize strategies for change based on assessment;
- and provide local data to the State for evaluation.

U.S. EPA Awards Grant to DPH for Asthma

The U.S. Environmental Protection Agency has awarded the Department of Health $100,000 to help asthma sufferers and their families identify and reduce indoor environmental triggers of asthma. San Francisco Healthy Homes for Healthy Airways will involve about 200 subjects and be completed in two years.

The project builds on current home-based educational interventions by the Children's Environmental Health Promotion Section. County inspectors will perform room-by-room examinations to find potential sources of the individual's environmental asthma triggers, which include dust mites, pet dander, cockroaches, mold, and secondhand smoke. Simple tools and resources are provided to help clients reduce home allergen levels, such as allergen-impermeable covers for mattresses and pillows, vacuum bags and cleaning supplies.

These resources from the EPA will assist us in ensuring that our work can reach those most in need and can be developed in a manner that is cost-effective, sustainable, and consistent with the daily realities of our clients who live with low incomes and limited housing opportunities.

Labor and Business Talk Treatment

On October 24th, the Department of Health in conjunction with the San Francisco Labor Council, sponsored an all day conference entitled "Labor and Business Talk Treatment." The conference was the idea of George Wedemeyer, Vice President of Legislative Affairs, S.F. Labor Council, with the purpose of bringing together representatives from the business community, local government, and labor to discuss the impact substance abuse has on the labor force, local economy, and the

community. Successful treatment strategies were discussed, the scope of the problems defined treatment alternatives presented, and the need for all entities to work together to address the problem.

Participants included Judge Tomar Mason, Walter Johnson, Supervisor Gavin Newsom, Congresswoman Nancy Pelosi's assistant, as well as local experts in the area of treatment.

STD Prevention and Control

The STD Program has been collaborating with the Alpha Phi Alpha Fraternity, Gamma Chi Lamda Chapter and the March of Dimes on Project ALPHA. Project ALPHA is geared toward youth between the ages of 12-18 and focuses on educating the youth about sexually transmitted diseases and pregnancy prevention. The Fraternity and the March of Dimes have produced a 15-minute video, which emphasizes STD prevention.

On October 14th, a daylong workshop on STDs, HIV and pregnancy prevention and taking responsibility was held in the City. STD staff presented information about STD trends among youth in the City, and Deaunta Lyons, a peer educator, spoke about STDs and youth and gave a personal account of his own experiences. The event was supported by the San Francisco Christian Center, one of San Francisco's largest African American churches.

Shigellosis Outbreaks

Most of you are aware of the restaurant-associated outbreak of shigellosis in San Mateo County. The San Mateo County Health Department has received over 100 reports of persons ill with fever, vomiting, abdominal cramps, diarrhea (sometimes bloody), and dehydration after eating at a local Mexican restaurant on October 19-24. One 53-year-old woman died. This outbreak has received extensive media coverage and reminds us that food borne illnesses can be fatal.

In comparison, we have had an ongoing outbreak of shigellosis in San Francisco among mostly men who have sex with men (MSM). From May through September 2000 we had over 200 cases reported. Unfortunately, in spite of a press release/health advisory, the media coverage of this outbreak was very limited. Fortunately, the number of cases reported to the SFDPH has declined significantly in recent weeks. Our investigation of this outbreak is in progress.

In San Francisco, the Communicable Disease Control Unit and Environmental Health inspectors work collaboratively to monitor food borne illnesses, inspect restaurants, and restrict food handlers with enteric illness such as shigellosis. Accurate and timely information on shigella infections is posted on our web site.

COMMUNITY HEALTH NETWORK

Chinatown Public Health Center

The Chinatown Public Health Center is pleased to announce a new building sign in both English and Chinese was installed last week! The community response has been positive. Special thanks go to Commissioners Roma Guy and Ed Chow for your support.

LHH Survey Results

The Licensing and Certification staff delivered the SNF Survey results yesterday. No deficiencies higher than an "F" level were found ("A" level deficiencies are the most serious), which means no resurvey this year! Commissioners will each receive a copy of the report. Congratulations to LHH staff for their continuing dedication and commitment.

Upon Commissioner Monfredini's inquiry on the Department's suggestions for administering the flu vaccine, Dr. Katz promoted the CDC guidelines, which prioritized the chronically ill, persons over 50, and healthcare workers, to receive the vaccine. At the request of Commissioner Umekubo, Dr. Katz will look at the CDC guidelines on the drug manufacturers' distribution priorities.

President Guy acknowledged the work of the Department's Environmental Health Division. She also was pleased to hear all of the Health Centers will have signage.

5) UPDATE ON THE LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT

Larry Funk, Laguna Honda Hospital Executive Administrator; Michael Lane, project Coordinator; and Jim Kautz, architect with Anshen and Allen, presented a 3-month progress report on the Laguna Honda Replacement Project, (Attachment A).

Tony Wagner, Community Health Network Administrator, reported that administration will attempt to determine how and which other Department of Public Health staff will be involved with the planning process.

Commissioners' Comments:

- Encouraged the Project Coordinators to meet regularly with the National Advisory Council, as opposed to having this group as an ad hoc committee.
- Requested regular updates to the full Commission.
- Commended staff for the excellent presentation
- Reminded staff to include parking issues

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Joanne Kimata, Office of Planning and Policy, provided an overview of the Department of Public Health 1999-2000 Annual Report, which features key initiatives and ongoing activities, employee awards, Department volunteers, private support, advisory groups, contractors, citywide health status statistics, department-specific utilization, financial and workforce information, (Attachment B).

Ms. Kimata reported the reports will be disseminated to elected officials, contractors, libraries, public members, and the Department of Public Health web site.

Commissioners' Comments:

- Concise and reliable document
- Blueprint of where the Department is and to where the Department should go
- Appreciates workforce summary of Department of Public Health
- Compilation of what the Commission has heard throughout the year; recognizes donors and cultural/linguistic competency
- Suggested a list of acknowledgements be included

7) PRESENTATION OF THE LEGISLATIVE REPORT

Coleen Johnson, Office of Planning and Policy, presented an update and review of State Legislation relevant to Department of Public Health, (Attachment C).

Commissioners' Comments:

- Comprehensive and time-consuming report -
- Outstanding and well done report
- Inquired about trends on seismic safety, universal health care, mental health, substance abuse, and Medi-Cal eligibility
- Placing the report on the Department of Public Health web site is an excellent resource for the public

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

The Vision for the Laguna Honda Hospital Replacement

- The City and County of San Francisco will design and construct a new campus on the Laguna Honda Hospital site which will provide housing and a complete continuum of long term healthcare services.
- This facility will be among the most innovative, technologically advanced, efficient, flexible, humane and natural facilities in the world.
- It will, by design, encourage rehabilitation and independent living while setting the standard for enhancement of the quality of life.

Schedule Summary

2000:	Program the New Facility
2001:	Begin Design
	EIR Public Hearing
2002:	Complete EIR Process
	Begin Assisted Living Design
	Build Temporary Plant
2003:	Complete Design
	Build Structural Frame of the New Facility
2004:	Start the New Facility Enclosure and Interiors
	Start Building Assisted Living
2007:	Move-In: New Facility and Assisted Living
2008:	Former Hospital Remodel
2009:	Demolish Hospital Wings

Technical Issues

- Architectural Contract

  The selected Anshen + Allen/Gordon H Chong & Partners Architectural and engineering team is a compilation of 43 international, national, and local firms

- National Advisory Council

  A National Advisory Council has been formed to provide input into the design process

- Programming of the New Facility

  The purpose of program validation is to determine the spatial needs of departments in the new building and in remodeled existing space.

Technical Issues

- Environmental Impact Report

  Initial Study is in draft form.

- Assisted Living

  The clientele, location, and timing for Assisted Living are all topics under study.

Financial Issues

The Project will be funded by:

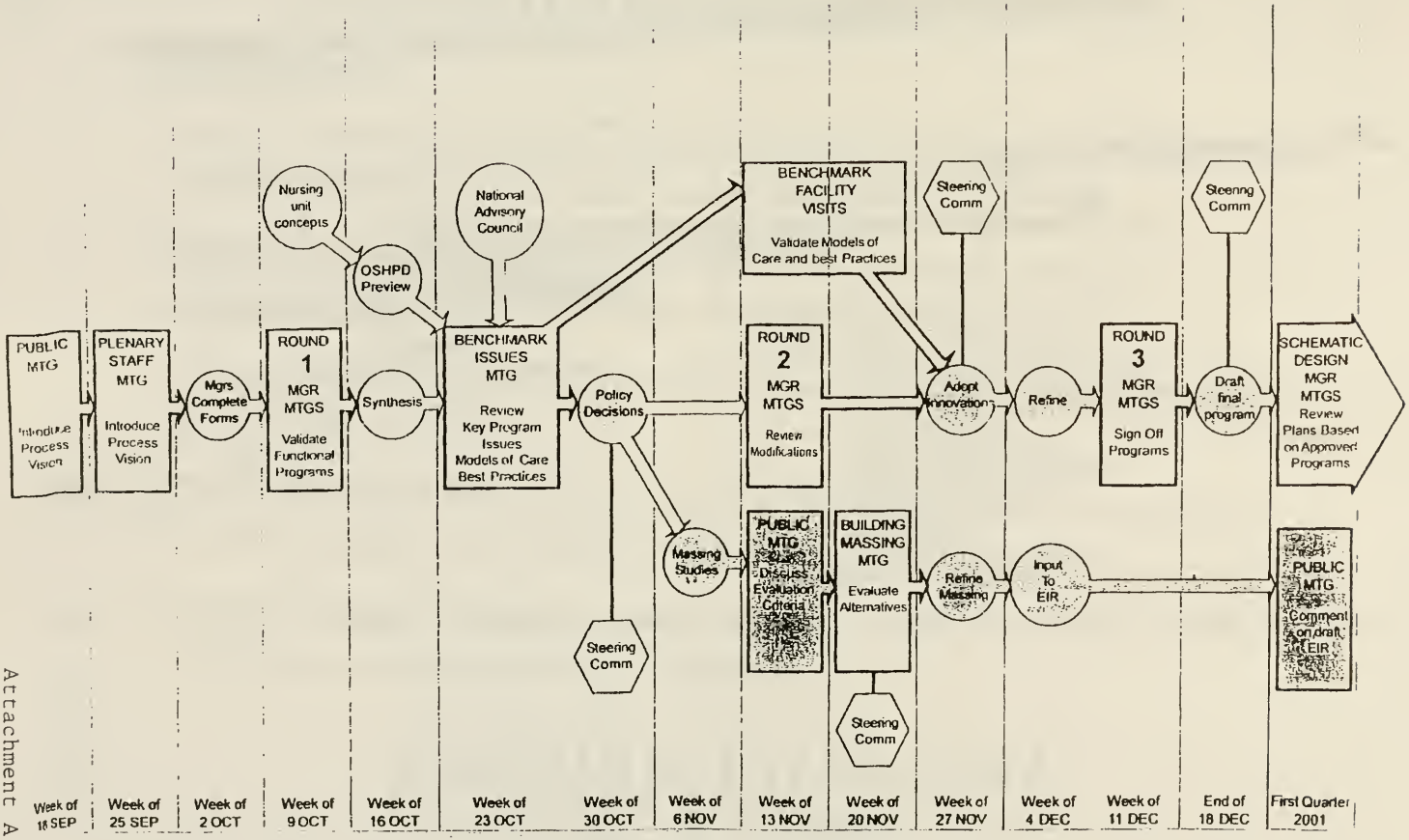
- Prop. A General Obligation Bonds.
- Tobacco Settlement Payments
- HUD Grant for Assisted Living
- HRSA Grant for Temporary Plant
- Fund Raising

Public Participation

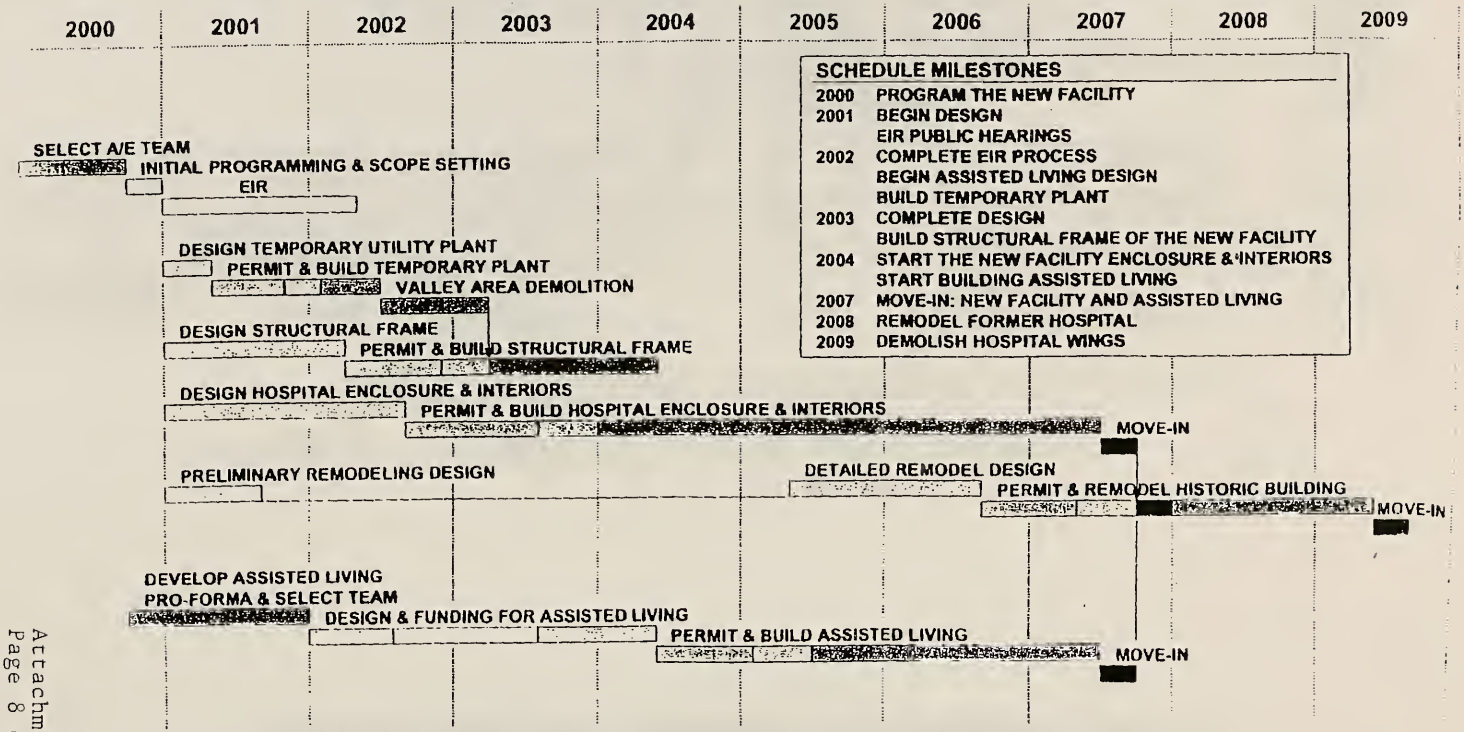
Information to the public will be available through an existing website, public meetings, and Department of Public Health mailings.

A Neighborhood Advisory Group will be reactivated to provide another ongoing link to the community.

Laguna Honda Hospital Pre-Design Process



Schedule Overview



Benchmarking Key Themes

- Social / residential models of care motivate clients to be active and maintain function much more than do hospital-like settings.
- Amenities that draw in the public can help to socially integrate long-term care clients with their community.
- Dementia patients do well in small, self-contained group home settings of less than 18 people.
- Rehabilitation clients are motivated by props and environments that closely simulate the world they will rejoin.
- Assisted living could improve through-put of the whole CHN system if it serves as a housing and care transition.

Program Validation

Functions:

A description of the particular department's Responsibilities, of what it does for the Hospital.

Major Issues:

The parameter for the appropriate operation of the department, as well as any significant unresolved concerns.

Concepts:

A description of the organizational guidelines for the spaces in the department.

Adjacencies:

Required proximities or linkages to other departments or building components.

Space Impacts:

A description of the impact, if any, to this department if an

assisted living facility (minimum of 140 beds) is added.

Hours of Operation:

Typical work week hours of operation and shift patterns.

Utilization, Volume & Staffing:

Current and projected key workload indicators and staffing requirements, by shift and where applicable

DEPARTMENT OF PUBLIC HEALTH
1999-2000 ANNUAL REPORT

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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AGENDA

HEALTH COMMISSION MEETING

November 21, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV 17 2000

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF OCTOBER 31 AND THE REGULAR MEETING OF NOVEMBER 7, 2000**
**Minutes of October 31 and November 7, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Update on Bayview Hunters Point Foundation

(3.2) **PHP-HIV Prevention Services –** Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation HIV Prevention Project (SFAF), in the amount of $580,486, to provide HIV prevention and needle exchange services targeting injection drug users, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFAF for services totaling $2,662,268 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **PHP-Immigrant Health Services –** Request for approval of a contract renewal with International Institute of San Francisco (IISF), in the amount of $311,377, to provide health services to new immigrants for the period of October 1, 2000 through September 30, 2001. (DPH contracted with IISF for services totaling $323,440 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.4) **PHP-EMSA –** Request for approval of a renewal contract with the Regents of the University of California at San Francisco (UCSF), in the amount of $893,164, to provide San Francisco Fire Department Medical Director services, for the period of January 1, 2001 through June 30, 2003. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-200).
* *Calendaring request memo, Monitoring report summary*

(3.5) **PHP–Health Promotion –** Request for approval of a contract modification with O'Rorke Public Relations & Advertising, in the amount of $70,005, for a total contract of $80,000, to provide media services to the Stop Red Light Running program, for the period of November 1, 2000 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $292,578 during FY 1999-2000).
* *Calendaring request memo, Contract evaluation form*

(3.6) **PHP-Health Promotion –** Request for approval to accept and expend a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in the amount of $430,728, for the supp of a two-year strategic planning process project focusing on community and youth violence in the Bayvie Hunters Point and Mission districts, for the period of September 30, 2000 through August 31, 2002.
* *Calendaring request memo, Grant application information form, Notice of grant award*

(3.7) **PHP-CSAS –** Request for approval to accept and expend a Targeted Capacity Expansion grant from Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT), in the amount of $2,400,000, for expansion of residential services for addicted pregnant and postpartum women, for the period of September 30, 2000 to September 29, 2003, and approval of three sole source contracts with Jelani, Inc., for $898,655; Women and Children Family Services, for $699,630; and Homeless Prenatal Program, for $175,000, all for the period of September 30, 2000 to September 29, 2003.
* Calendaring request memo, Grant application information form, Notice of grant award

(3.8) **PHP-CSAS –** Request for approval to accept and expend a new two-year grant from the Substance Abuse and Mental Health Services Administration (SMAHSA) and the Center for Substance Abuse Treatment (CSAT), in the amount of $470,000, for implementation of a mobile methadone program, for the period of September 30, 2000 to September 29, 2002.
* *Calendaring request memo, Grant application information form, Notice of grant award*

(3.9) **PHP- CSAS –** Request for approval of a retroactive contract renewal with Center on Criminal and Juvenile Justice (CJCJ), in the amount of $218,744 per year, to provide supportive living substance abuse services to parolees, for a total four-year contract of $874,976 for the period of July 1, 2000 through June 30, 2004. (DPH contracted with CJCJ for services totaling $200,000 during FY 1999-2000).

* *Calendaring request memo, Client demographic information form, Monitoring report summary, Response to monitoring report summary, Letter to CJCJ*

(3.10) **PHP-CSAS –** Request for approval of retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $4,670,682, to provide comprehensive substance abuse treatment services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with HAFC for services totaling $10,631,027 during FY 1999-2000).
* *Calendaring request memo, Monitoring report summaries and response letters, Client demographic information forms*

(3.11) **PHP-CMHS –** Request for approval to accept and expend a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in the amount of $2,110,871, consisting of $177,477 in one-time funds and $672,290 in on-going funds, for the support of the adult and children's systems of care in community mental health services.
* *Calendaring request memo, Grant information form, Budget page*

(3.12) **CHN-Jail Health Services –** Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $3,130,966 per year, for a total three-year contract amount of $9,392,898, to provide psychiatric and substance abuse treatment services for inmates in the San Francisco County Jail system, for the period of July 1, 2000 through June 30, 2003. (DPH contracted with HAFC for services totaling $10,631,027 during FY 1999-2000).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.13) **CHN/SFGH & LHH Facilities** – Request for approval of fourteen (14) contract modifications with the following firms: Acker & Guerrero Roof Co. Inc., Adolph Schmidt General Contractors, Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co. Inc., Angotti & Reilly Inc., Ayoob & Peery Plumbing, Baca & Sons Painting, Floortrends Inc., McClure Electric, Monticelli Painting & Decorating, Robert Poyas, Inc., Sabel Painting Co., Sierra Electric Co. and The Shooter Co., to increase the combined contract amount by $2,025,000, from $2,400,000 to $4,425,000, to provide intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with the above-named contractors for services totaling $3,000,000 during FY 1999-2000).
* *Calendaring request memo, Contractor rates pages, Monitoring report summaries*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Anne Kronenberg, Acting Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 2000**
**Individual nominee*

6) **FOR DISCUSSION:** **PRESENTATION OF THE 1ST QUARTERLY DEPARTMENT OF PUBLIC HEALTH REVENUE/EXPENDITURE REPORT FOR FY 2000-01**
**Report*

7) FOR DISCUSSION: UPDATE ON THE IMPLEMENTATION OF POLICY #24: POLICY ON CONTRACTORS' COMPLIANCE WITH NON DISCRIMINATION AND CULTURAL COMPETENCY
**Report*

8) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.
American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Website: http//www.dph.sf.ca.us

ADDENDUM to 11/21/00 per phone call

TO THE

BUDGET COMMITTEE AGENDA

OF THE

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

NOV 17 2000

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, November 21, 2000
2:00 p.m.
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

The following item is to be added to the Budget Committee Agenda at the above meeting:

3.14 CONSIDERATION AND APPROVAL OF A SUPPLEMENTAL APPROPRIATION FOR FY 2000-01 IN THE AMOUNT OF $1,500,000 TO FUND NEEDED EQUIPMENT AT SAN FRANCISCO GENERAL HOSPITAL

Roma P. Guy, M.S.W.
President

John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

DEC 0 4 2000

SAN FRANCISCO
PUBLIC LIBRARY

November 21, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF OCTOBER 31, 2000 AND THE REGULAR MEETING OF NOVEMBER 7, 2000

Action Taken: The Commission unanimously adopted the minutes of the special meeting of October 31, 2000 and the regular meeting of November 7, 2000.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) Update on Bayview Hunters Point Foundation

Barbara Garcia, PHP Director, gave an update on the background, initial findings, comprehensive review of contract monitoring, development of joint personnel monitoring committee, and labor issues and union negotiations. She also reported that this investment is crucial for the improvement and future of Bayview Hunters Point Foundation and the communities it serves. On December 5th, the contract renewal will be on the Budget Committee agenda.

Commissioner Monfredini acknowledged the great amount of time and resources invested into this agency. She wanted reassurance from the Executive Director and the consultant that appropriate organizational changes would be addressed. Karen Patterson Mathew, Executive Director of Bayview Hunters Point Foundation, concurred; the CompassPoint consultant described his role in the technical assistance to this agency.

Public Speaker:

Linda Zaretsky, Local 790, supports the process and close collaboration of all parties involved; problems continue to exist; still no job descriptions available.

Commissioner Sanchez looks forward to new inclusion and renewal of this contract.

(3.2) **PHP-HIV Prevention Services –** Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation HIV Prevention Project (SFAF), in the amount of $580,486, to provide HIV prevention and needle exchange services targeting injection drug users, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with SFAF for services totaling $2,662,268 during FY 1999-2000).

(3.3) **PHP-Immigrant Health Services –** Request for approval of a contract renewal with International Institute of San Francisco (IISF), in the amount of $311,377, to provide health services to new immigrants for the period of October 1, 2000 through September 30, 2001. (DPH contracted with IISF for services totaling $323,440 during FY 1999-2000).

(3.4) **PHP-EMSA –** Request for approval of a renewal contract with the Regents of the University of California at San Francisco (UCSF), in the amount of $893,164, to provide San Francisco Fire Department Medical Director services, for the period of January 1, 2001 through June 30, 2003. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-200).

Commissioner Sanchez abstained due to conflict of interest.

(3.5) **PHP–Health Promotion –** Request for approval of a contract modification with O'Rorke Public Relations & Advertising, in the amount of $70,005, for a total contract of $80,000, to provide media services to the Stop Red Light Running program, for the period of November 1, 2000 through June 30, 2001. (DPH contracted with O'Rorke for services totaling $292,578 during FY 1999-2000).

(3.6) **PHP-Health Promotion –** Request for approval to accept and expend a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in the amount of $430,728, for the suppor of a two-year strategic planning process project focusing on community and youth violence in the

Bayview Hunters Point and Mission districts, for the period of September 30, 2000 through August 31, 2002.

(3.7) **PHP-CSAS –** Request for approval to accept and expend a Targeted Capacity Expansion grant from Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT), in the amount of $2,400,000, for expansion of residential services for addicted pregnant and postpartum women, for the period of September 30, 2000 to September 29, 2003, and approval of three sole source contracts with Jelani, Inc., for $898,655; Women and Children Family Services, for $699,630; and Homeless Prenatal Program, for $175,000, all for the period of September 30, 2000 to September 29, 2003.

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(3.11) **PHP-CMHS –** Request for approval to accept and expend a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), in the amount of $2,110,871, consisting of $177,477 in one-time funds and $672,290 in on-going funds, for the support of the adult and children's systems of care in community mental health services.

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(3.14) **DPH Administration –** Request for consideration and approval of a supplemental appropriation by FY 2000-01 in the amount of $1,532,400 to fund needed equipment at San Francisco General Hospital.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Sanchez abstained on #3.4.

4) **DIRECTOR'S REPORT**
(Anne Kronenberg, Acting Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

ADMINISTRATION

Federal Budget

Congress has decided to delay the completion of the FY 2001 budget bill for Labor/Health and Human Services/Education and other matters, including Balanced Budget Act Relief, at least until it reconvenes for a "lame-duck session" on December 5, 2000. Congress hopes, at that time, to have final election results for both the Congress and the Presidency that will guide their decisions. There is concern that partisan fighting will defeat the Medicaid/Medicare giveback bill. Further, growing tensions between the Administration and Congressional leadership over other legislative issues may cause the Labor/HHS spending bill to be re-opened, which will delay its passage, open its provisions to revisions and delay the release of new funding, such as additional Ryan White CARE Act dollars.

Proposition 36

Effective July 1, 2001, Proposition 36 requires that nonviolent drug possession offenders receive drug treatment and supervision in the community, rather than incarceration. Certain offenders convicted of nonviolent drug possession offenses will receive probation, and, as a condition of probation, the Court will require participation in and completion of an appropriate drug treatment program. The court may require participation in drug treatment services for up to one year and up to six additional months of follow-up care. The Court may also impose, as a condition of probation, participation in vocational training, family counseling, literacy training and/or community service, and it may require that the offender contribute to the cost of his/her placement in a drug treatment program.

The initiative appropriates $60 million in State General Funds for 2000-01, and $120 million each year thereafter until 2006, at which time funding would be subject to the State's budget process. Funding shall be allocated to counties through a formula that will be determined by the State Department of Alcohol and Drug Programs (DADP). The formula shall include, but not be limited to, per capita arrests for controlled substance possession violations; and substance abuse treatment caseload. The DADP may also reserve funding for direct contracts with drug treatment service providers in areas where demand for drug treatment services is not adequately met by existing programs.

Reimbursable activities would include licensed and certified drug treatment programs, including outpatient treatment, narcotic replacement therapy, drug education or prevention courses and half-way house treatment, but specifically excluding drug treatment programs offered in a prison or jail facility. Proposition 36 funds may also be used for vocational training, family counseling, literacy training, probation department and court monitoring costs, and other miscellaneous costs other than drug testing services.

The Legislative Analyst's Office estimates that after several years this initiative will save the State between $100 million and $150 million annually due primarily to lower costs for prison operations. Counties are anticipated to experience a net savings of about $40 million annually due to lower jail populations.

On Wednesday, November 29, 2000 San Francisco will hold a public symposium entitled *"Rational Drug Policies in San Francisco: Post Proposition 36".* It will be held at the Westbay Conference Center. This conference is being organized by the District Attorney, Supervisor Newsom, the Sheriff and the Department of Public Health. The goals of the conference are to develop a clearer understanding of Proposition 36 and the choices it offers, and to begin identifying how San Francisco can appropriately respond to this measure. The Department's Population Health and Prevention division is participating in the symposium.

POPULATION HEALTH AND PREVENTION

NIH Summarizes Evidence that HIV Causes AIDS

The National Institutes of Health (NIH) has recently updated a fact sheet describing the extensive scientific evidence that HIV causes AIDS. The fact sheet describes the criteria that the scientific community generally uses to prove a link between an infectious agent and a disease, and presents a concise summary of how HIV meets the criteria as the agent that cause AIDS. This NIH fact sheet, an important source of information for all that wish to learn more about how we know that HIV is the cause AIDS, can be found on the internet at http://www.niaid.nih.gov/factsheets/evidhiv.htm. A copy is available in the Commission Office.

Children's Mental Health Services

The San Francisco Children and Families Commission approved an additional allocation of $650,000 in Prop 10 dollars to expand the CMHS Child, Youth and Family Service's Childcare Mental Health Consultation and Service Program.

Communicable Disease Control - Pertussis (whooping cough) Outbreak on Treasure Island

The Communicable Disease Control Unit, Community Health Epidemiology and Disease Control (CHEDC) has verified that at least 7 to 15 Federal Job Corps trainees on Treasure Island have recently developed pertussis (whooping cough). There are 480 trainees (that live in two dormitories) and 200 staff. Pertussis is a contagious disease that is easily spread in close living quarters. Adults can transmit this disease to infants or young children who may become very ill or even die.

To control the outbreak and prevent transmission to young children or infants when trainees and staff go home over the holidays, we are recommending, in collaboration with the CDHS and CDC, that all exposed trainees and staff with possible pertussis (cold-like symptoms) be given antibiotics. Because vaccine protection wanes, even fully immunized adolescents and adults are at risk of contracting and developing pertussis.

Dr. Barbara Long, UCSF Pediatrician and Attending at the Job Corps Wellness Center, has secured a donation of azithromycin from Pfizer, Inc. to treat everyone.

Dr. Tomas Aragon, Director of CHEDC, is coordinating the Department's role in this immunization effort.

Mental Health

Over 300 people attended the Spirituality and Mental Health Training conference last week. The workshops and general audience panels received excellent reviews. The success of this conference points to the substantial interest in this subject for both
now and in the future.

AIDS Office

The AIDS Office project N'HOW (Neighborhood Health on Wheels) mobile medical van is now providing services in the Mission, the Polk and Bayview Hunters Point each week. Additional sites

will be added over the next few months. N'HOW provides free and anonymous HIV testing, STD screening and urgent care, as well as counseling and referrals to community health centers. For further information please call (877-599-6469)

Stop AIDS Project
The StopAIDS project was recently provided with funding by the HIV Prevention Section's "Fund for Innovation". The project is a unique outreach and health promotion project carried out on the Internet. The project is designed to reach gay and bisexual men who use the Internet chat rooms to meet other men. On November 9th the New York Times featured the project and credited the SF Department of Public health as the funding source for this creative and important initiative.

Children, Youth and Families
"Services and programs for Children, Youth and Families" has been completed and is ready for distribution. This resource guide includes descriptions and contact information for most of the DPH child/youth serving programs as well as many of our contracted services. The guide is available in the Commission Office.

COMMUNITY HEALTH NETWORK

SFGH Medical Staff Credentials Report

	11/00	2000 YTD
New Appointments	06	166
Reinstatements	0	10
Reappointments	57	397
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	30	160
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	8	12
Voluntary Relinquishments	2	2

Commissioner Monfredini would like to know if a car seat is given to infants born at SFGH. Ms. Kronenberg will forward that information to the Commissioners.

Commissioner Chow complimented the comprehensive Children and Youth Directory. He inquired about the capability for updating the information and designating a website for it.

Commissioner Parker inquired about the positive impact of Proposition 36 on the drug treatment programs.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER 2000**

On behalf of the Commission, Commissioner Lee Ann Monfredini presented the award to:

Individual Nominee	Division	Nominated by
Joel Martinez, Environmental Health Technician	Environmental Health Solid Waste Program	Scott Nakamura, Principal Environmental Health Inspector

6) **PRESENTATION OF THE 1ST QUARTERLY DEPARTMENT OF PUBLIC HEALTH REVENUE/EXPENDITURE REPORT FOR FY 2000-01**

Monique Zmuda, Chief Finance Officer, presented the 1st quarterly financial projection of revenues and expenditures for this fiscal year. These projections are based on revenues collected and billed, and expenses incurred for the first three months of the fiscal year, ending September 30, 2000. Based on this data, the Department of Public Health is projecting a yearend deficit of $723,000 for FY 2000-01. This amount represents less than 1/8th of one percent (1%) of the Department's total operating budget of $949 million. Projections include revenue surplus of $2.4 million and over expenditures of $3.1 million, (Attachment A). .

Ms. Zmuda commented the next quarterly report will incorporate the additional expenses of the SFGH outpatient pharmacy ($1.1 million) for this fiscal year. She also pointed out that in the area of jail health services, the number of inmates and specialty services has increased. There will be a presentation of Jail Health Services on December 12, 2000.

President Guy referred to the JCC-LHH for a thorough discussion of the over expenditures on personnel salaries.

7) **UPDATE ON THE IMPLEMENTATION OF POLICY #24: POLICY ON CONTRACTORS' COMPLIANCE WITH NON DISCRIMINATION AND CULTURAL COMPETENCY**

Norm Nickens, Deputy Director of EEO, Affirmative Action and Cultural Competency, gave an update on implementation of Policy #24 (Attachment B).

After hearing comments from Commissioners, Mr. Nickens will come back with some proposed policy changes to Policy #24.

Commissioner Chow encouraged ways to have qualitative and quantitative measures; using small numbers is not necessarily appropriate; may want to look at the amount of the contract; promoted the use of external and DPH cultural competency experts (i.e., an advisory committee), including community-based providers; San Francisco is a great city where cultural competency can be a model and not just bureaucratic regulation.

Commissioner Monfredini advocated not to lose the spirit and core of this policy.

Commissioner Umekubo promoted the outcome measures and positive outcomes for our patients and clients.

Commissioner Sanchez pointed out differences between policy and implementation; DPH can set the standard. He pointed the cultural competence expertise and diversity of the DPH administrative staff (i.e., Dr. Melissa Welch).

President Guy recommended changes and modifications to Policy #24 come back to the Commission. She would like to see the HRC Form 6. She also pointed out that agencies that are out of compliance need to provide an update within a given period of time and not wait for a whole year.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

PROJECTED FY 2000-01 YEAR-END SURPLUS/DEFICIT

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Community Health Network							
SFGH	449,476,032	450,793,401	$ 1,317,369	$449,476,032	$450,756,439	$ (1,280,407)	$36,962
Laguna Honda	128,541,845	129,601,657	1,059,812	128,541,845	129,741,845	(1,200,000)	(140,188)
Primary Care	42,723,011	42,967,787	244,776	42,723,011	42,949,603	(226,592)	18,184
Health at Home	4,043,000	4,040,000	(3,000)	4,042,000	3,574,000	468,000	465,000
Jail Health Services	22,071,952	22,072,135	183	22,071,952	24,218,652	(2,146,700)	(2,148,000)
Subtotal	647,445,564	650,064,704	2,619,140	647,445,564	651,830,742	(4,385,178)	(1,766,038)
Population Health & Prevention							
Central Admin	18,517,313	18,557,848	40,535	18,517,313	18,410,587	106,726	147,261
Community Health	59,095,448	59,688,380	592,932	59,095,448	59,095,448	0	592,932
Mental Health	150,617,745	150,017,745	(600,000)	150,617,745	149,970,495	647,250	47,250
Substance Abuse	54,116,639	53,903,766	(212,873)	54,116,639	53,648,095	468,544	255,671
Subtotal	282,347,145	282,167,739	(179,406)	282,347,145	281,124,625	1,222,520	1,043,114
Total DPH	929,792,709	932,232,443	2,439,734	929,792,709	932,955,367	(3,162,658)	(722,924)

San Francisco Department of Public Health
Office of Equal Employment Opportunity,
Affirmative Action, and Cultural Competency

November 21, 2000

TO: Health Commission

THROUGH: Mitch Katz, M.D.

FROM: Norm Nickens, Deputy Director
EEO, Affirmative Action and Cultural Competency

At its meeting of March 16, 1999 the Health Commission adopted a revised policy on *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency.* Reports on the implementation of the policy were presented to the Health Commission on August 31, 1999 and June 6, 2000. Copies of the policy were distributed to all contractors in April, August and November of 1999. In addition, training on compliance with the policy was offered to all contractors in September, 1999. Information on implementation of the policy for the current fiscal year, and a schedule of training sessions for contractors and staff, will be mailed in December.

In the last fiscal year all contractors were requested to submit a progress report by December 10, 1999; a follow up letter was sent out in January, 2000 to contractors who had not yet responded to the request for progress reports. In the progress report contractors were directed to identify an agency contact person on cultural competency, to describe briefly the process to be utilized by the agency for developing their annual report on cultural competency, and to identify any need for technical assistance. Department of Public Health program managers and the EEO Office were identified as sources of technical assistance and information on regarding the policy. The requirement of a progress report may have resulted in some confusion on the part of contractors, some of whom submitted their final reports at the time of the progress report.

San Francisco Department of Public Health, Office of Equal Employment Opportunity, Affirmative Action, and Cultural Competency, 101 Grove Street, Room 214, San Francisco CA 94102
Telephone: 415-554-2593
Fax: 415-554-2594
E-Mail: norm_nickens@dph.sf.ca.us

On May 12, 2000, Contractors were sent a reminder of the requirement to submit a final report by June 30, 2000, and to clarify the process for submitting the final report. One copy of the final report was to be submitted to the EEO Office and an additional copy was to be submitted to each contracting section with which an agency holds a contract.

The current policy applies to all "direct service" contracts with the department, approximately 170 agencies in the current fiscal year. All but approximately 15 agencies have submitted annual reports for the current year. Those agencies that have not yet submitted approved final reports are generally new providers in the current year who have been granted additional time for submission of a report, providers who have submitted a partial report and requested additional time for submission of the final report, or small contractors (usually with only one employee on the contract) who have not yet responded. Most of the contractors who have not responded or who have submitted partial reports are within Community Mental Health Services, where there was some uncertainty regarding the requirement to submit a report to the Health Commission and a separate report required by a State mandated cultural competency requirement.

The reports received have generally been in the format of a five to ten page narrative, with attached policy documents and forms. The largest response received was two boxes of policies and training materials received from the University of California San Francisco Medical Center. There was a wide range of variation in the degree of detail provided by contractors, and many contractors asked for a standardized reporting format.

Over the past few months the EEO Office and program managers have responded to questions and requests for technical assistance from contractors regarding the policy. This has included meetings with individual contractors, some providers associations, and departmental program managers. Areas that were identified by contractors as requiring more detailed technical assistance include:

- an overview of *concepts* of cultural competency, including the application of these concepts in specific program areas, such as HIV, substance abuse and mental health;
- development of quantitative and qualitative outcome *measures*;
- compliance with the *Americans with Disabilities Act (ADA)*;
- *linguistic* competency, including use of interpreters, translation services, development of multilingual print materials, and development of alternative format materials (large print, Braille, and audio);
- assistance in identifying *resources* for expanding cultural competency at an agency (staff training and development, translation of materials, barrier modification, etc.).

The EEO Office and various sections of Population Health & Prevention are in the process of developing a series of specific training sessions for PH&P staff and contractors to address these issues. These training sessions will be offered in the Spring of 2001.

Other issues that were raised by staff and contractors include:

- developing a standard format for the reports;

- eliminating any duplicate reporting requirements, such as separate Human Rights Commission and Health Commission demographic requirements;
- better coordination with other cultural competency requirements, such as existing State requirements in CMHS;
- agencies and program managers reported a need for additional technical assistance in developing agency and program specific cultural competency outcome measures and evaluation criteria, and,
- program managers requested greater flexibility in reporting requirements for smaller contractors.

In order to address these concerns the following changes are being recommended in the Department's implementation of the Commission's *Contractors Compliance with Anti-Discrimination Protections and Cultural Competency*:

1) All affected direct service contractors would be asked to submit an annual report which provides information on their policies and procedures in the following areas:

   A) Non-discrimination policies for clients and staff (must include all categories protected by local ordinance);

   B) Grievance policies for clients (all policies must include notification process for clients, process for initiating a grievance, and timeline for resolution of a grievance);

   C) Report on client, staff and board demographics (HRC Form 6 may be submitted for staff demographics);

   D) Policies and procedures for serving Limited English Proficiency clients, including policies on staff training, translation of materials, bilingual services and interpretation (materials submitted in compliance with CMHS cultural competency requirements may submitted in lieu of this requirement);

   E) Policies and procedures for ensuring compliance with the American's with Disabilities Act in the provision of services, including policies on staff training, elimination of barrier restrictions, and provision of services to visually and hearing impaired clients.

2) Direct service contractors with less than five employees would not be required to submit an annual report, but all potential contractors would be required to address these issues at the time that they submit a response to an RFP for service.

3) The requirement of a mid-year progress report would be dropped.

4) The Department's Office of EEO, Affirmative Action and Cultural Competency will provide training and technical assistance to contractors in developing appropriate policies and procedures to meet the requirements listed above.

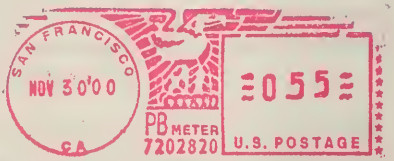
5) Program managers within Population Health & Prevention will work with individual programs to ensure that specific cultural competency outcome measures are developed at the program level. Experience in other program areas has indicated that contractors will need assistance in developing cultural competency goals and objectives that effectively address their specific organizational and programmatic needs, and that are conceptualized in ways that are measurable and achievable. Contractors will look to the Department or assistance in developing appropriate standards of care in regard to the provision of culturally and linguistically competent services. Examples of measures and indicators of culturally and linguistically competent services could include improved access to care, consumer satisfaction, and medication compliance. An example of a specific set of standards of care could include the proposed *Community Standards of Practice for Provision of Quality Health Care Services for Lesbian/Gay/Bisexual/Transgender Clients* that will be presented to the Commission at a future meeting.

These proposed changes in implementation of the policy are being presented to the Commission for the purpose of discussion, and a final implementation report will be submitted at the meeting of December 12, 2000.

San Francisco Department of Public Health, Office of Equal Employment Opportunity, Affirmative Action, and Cultural Competency, 101 Grove Street, Room 214, San Francisco CA 94102
Telephone: 415-554-2593
Fax: 415-554-2594
E-Mail: norm_nickens@dph.sf.ca.us

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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John L. Umekubo, M.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
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Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

December 5, 2000
3:00 P.M.
at
San Francisco General Hospital
Carr Auditorium
22nd Street and Potrero Avenue
San Francisco, CA 94110

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 21, 2000**
**Minutes of November 21, 2000*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH Administration** – Request for consideration of a modification to the FY 2000-01 Patient Rates Ordinance to increase selective patient rates at San Francisco General Hospital in order to maximize MediCal reimbursement.

(3.2) **PHP-HIV Research –** Request for approval to accept and expend retroactively $247,970 in funds from Public Health Foundation Enterprises (PHFE), for the first year of a five year project to fund the San Francisco Department of Public Health portion of "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2000 to May 31, 2001.
** Calendaring request memo, Grant application information form, Budget summary pages*

(3.3) **PHP-Environmental Health –** Request for approval to accept and expend retroactively a new two-year grant in the amount of $98,399, from the U.S. Environmental Protection Agency, to fund a project for adults and children with asthma and their families entitled "Healthy Homes for Healthy Airways", for the period of November 1, 2000 to October 31, 2002.
** Calendaring request memo, Grant information form, Budget summary, Grant agreement form*

(3.4) **PHP-TB Control –** Request for approval of a contract renewal with the Regents of the University of California at San Francisco (UCSF), in the amount of $1,450,839, to provide Model Tuberculosis (TB) Education and Control Center services to local and national TB health care providers, for the period of November 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **PHP-CMHS –** Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc. (IFR), in the total amount of $9,277,054, to provide mental health and administrative support services targeting adults, children and families, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with IFR for services totaling $5,741,385 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary, IFR monitoring report response letter, Client demographic information forms*

(3.6) **PHP-CMHS –** Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $98,000 per year, for a four-year total contract of $392,000, to provide adult mental health services targeting HIV-positive adult residents of San Francisco with severe mental health diagnoses, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with Continuum for services totaling $1,752,456 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.7) **PHP-CMHS & CSAS –** Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc. (BVHPCI),in the amount of $6,940,431, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with BVHPCI for services totaling $7,109,248 during FY 19-2000).
** Calendaring request memo, Monitoring report recommendation letters to BVHPCI, Monitoring report summary responses from BVHPCI, Monitoring report summaries, Client demographic information forms*

(3.8) **PHP-CMHS & CSAS –** Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $6,724,326, to provide residential mental health and substance abuse services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Walden for services totaling $8,623,924 during FY 1999-2000).
** Calendaring request memo, Client demographic information forms, Monitoring report response letters, Monitoring report summaries*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL ANNUAL UPDATE**

A. **CONSIDERATION OF THE FOLLOWING ITEMS FOR ACTION:**

- Hospital Plan for Provision of Patient Care
- Quality Improvement Plan
- Utilization Management Plan
- Competency Plan
- Environment of Care Update

**Reports*

B. **PRESENTATION OF THE FOLLOWING ITEMS FOR DISCUSSION:**

- Medical Staff Report
- Review of Partnership Between University of California at San Francisco and San Francisco General Hospital
- Capital Planning Process at San Francisco General Hospital

**Reports*

6) **OTHER BUSINESS/PUBLIC COMMENTS****

*** Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

**** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

SFGH Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

Carr Auditorium is accessible by wheelchair-friendly Muni Lines ***#9 San Bruno***, ***#9X San Bruno Express***, ***#19 Polk*** and ***#48 Quintara***. For further information regarding Muni transportation, please call 673-6864, 673-MUNI, and 923-6366 (TDD). Accessible parking is available at 22nd Street and Potrero Avenue.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

John I. Umekubo, M.D.
Vice President

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MINUTES

HEALTH COMMISSION MEETING

December 5, 2000
3:00 P.M.
at
San Francisco General Hospital
Carr Auditorium
22nd Street and Potrero Avenue
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

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Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

On behalf of the Commission, President Guy presented a special certificate of appreciation to Joanne Burik on her retirement after 20 years with the Department. Ms. Burik has had various positions, with the most recent as the head of the Office of Managed Care. Gene O'Connell, SFGH Executive Administrator; and Tony Wagner, CHN Executive Administrator, thanked Ms. Burik for her many years of dedication and commitment.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 21, 2000

Action Taken: The Commission unanimously adopted the minutes of November 21, 2000

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH Administration** – Request for consideration of a modification to the FY 2000-01 Patient Rates Ordinance to increase selective patient rates at San Francisco General Hospital in order to maximize MediCal reimbursement.

Ms. Zmuda reported that these patient rate increases will bring in $1 million to SFGH.

(3.2) **PHP-HIV Research** – Request for approval to accept and expend retroactively $247,970 in funds from Public Health Foundation Enterprises (PHFE), for the first year of a five year project to fund the San Francisco Department of Public Health portion of "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2000 to May 31, 2001.

(3.3) **PHP-Environmental Health** – Request for approval to accept and expend retroactively a new two-year grant in the amount of $98,399, from the U.S. Environmental Protection Agency, to fund a project for adults and children with asthma and their families entitled "Healthy Homes for Healthy Airways", for the period of November 1, 2000 to October 31, 2002.

Commissioners expressed concern on outreach to targeted low income communities (i.e., Latino and African American) and asthmatics with allergic sensitivities.

(3.4) **PHP-TB Control** – Request for approval of a contract renewal with the Regents of the University of California at San Francisco (UCSF), in the amount of $1,450,839, to provide Model Tuberculosis (TB) Education and Control Center services to local and national TB health care providers, for the period of November 1, 2000 through June 30, 2001. (DPH contracted with UCSF for services totaling $11,454,369 during FY 1999-2000.

Commissioner Sanchez abstained due to conflict of interest.

(3.5) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Instituto Familiar de la Raza, Inc. (IFR), in the total amount of $9,277,054, to provide mental health and administrative support services targeting adults, children and families, for the period of July 1, 2000 through June 30, 2002. (DPH contracted with IFR for services totaling $5,741,385 during FY 1999-2000).

Commissioner Parker requested clarification on the total number of clients served under this contract. Estella Garcia, Instituto staff, reported a total of 350 adult/children are being served.

Commissioner Sanchez noted this 2-year contract renewal is for past performance. He noted the Department needs to continue providing TA to non-profit contractors. Ms. Garcia reported that cultural competency is an important part of the social fabric; the diversity of the work force is also important.

(3.6) **PHP-CMHS** – Request for approval of a retroactive sole source contract renewal with Continuum HIV Day Services, in the amount of $98,000 per year, for a four-year total contract of $392,000, to provide adult mental health services targeting HIV-positive adult residents of San Francisco with severe mental health diagnoses, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with Continuum for services totaling $1,752,456 during FY 1999-2000).

(3.7) **PHP-CMHS & CSAS** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc. (BVHPCI), in the amount of

$6,949,872, to provide substance abuse and mental health services targeting adults and children, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with BVHP Foundation for services totaling $7,109,248 during FY 1999-2000).

Commissioner Monfredini requested a 6-month follow-up to this contract, (June 5, 2000).

Commissioner Sanchez supported the unique efforts of Bayview and the Department in order to rectify the issues.

(3.8) **PHP-CMHS & CSAS** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $6,724,326, to provide residential mental health and substance abuse services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Walden for services totaling $8,623,924 during FY 1999-2000).

Commissioner Sanchez encouraged the Department to provide technical assistance to CBO's.

For Item #3.7, Commissioner Chow requested any more data on the evaluation of acupuncture and the use of acupuncture for substance abuse. Dr. Katz will come up with more quantitative data. Dr. Katz pointed out it is difficult to quantify the impact of acupuncture on substance abuse.

Action Taken: The Commission unanimously voted to accept the consent calendar of the Budget Committee. Commissioner Sanchez abstained on #3.4

4) DIRECTOR'S REPORT

(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

CDC Satellite Broadcast on HIV Prevention for Men Who Have Sex With Men

Last Wednesday and Thursday, Dr. Katz participated in a Centers for Disease Control and Prevention Satellite Conference on HIV prevention for men who have sex with men. Dr. Katz was invited as the sole representative of local Health Departments because of the work that the Department has done in characterizing the increases in unsafe sex among men who have sex with men and in recommending new directions for HIV prevention. The program was telecast to 400 sites in the United States and Canada and was watched by 6400 persons.

Back on the SFGH Wards again

Last Friday, Dr. Katz began his annual month as an inpatient attending on the medical wards at San Francisco General Hospital. Dr. Katz has seen old friends among the medical and nursing staff, some of whom he has known since 1986 when he began as an intern at the hospital. Working at SFGH gives Dr. Katz insight into the pressing unmet needs of the clients, especially the housing and outpatient mental health and substance abuse treatment. Dr. Katz thanked the members of the Health Commission for giving him the freedom to pursue his love of clinical medicine and also thanked his dedicated staff for filling in for him in a variety of ways this month.

Trial of SF ACT-UP Members Ends

A week and a half ago, two members of SF ACT-UP were found guilty of disturbing the peace, based on their actions at the June 9th Board of Supervisors' Finance and Labor Committee hearing. This is the first time that members of SF ACT-UP have been tried in criminal court for their actions, and the first time that they have been found guilty. Dr. Katz believes that this court ruling will make it less likely that SF ACT-UP members will continue to intimidate persons at public meetings.

POPULATION HEALTH AND PREVENTION

Immunization

Last week, the State of California Department of Health Services received the final portion of its annual shipment of vaccine to distribute to local Health Departments for vaccination of low-income, high-risk individuals. Although DPH now has the full allotment of nearly 40,000 doses, this does not meet the demand for an estimated 250,000 doses needed to vaccinate the City's high-risk population. Other large suppliers of vaccine in San Francisco include Kaiser, UCSF, Visiting Nurses Association (VNA), Catholic Health Centers West, and private providers. Many of these groups have received little, if any, of their vaccine.

The 40,000 doses have been distributed to CHN, nursing homes, and other groups that serve high-risk clients. The Adult Immunization Clinic has given 2,000 doses of vaccine to high-risk individuals. They currently do not have vaccine and are awaiting a shipment of an additional 2,500 doses.

On the West Coast, there are influenza cases beginning in late December through March, with the highest number of cases between the end of December and January. Once someone has received the flu vaccine, it takes approximately two weeks to develop antibodies to the virus.

Given the dearth of vaccine in San Francisco, as well as the time needed to respond to the vaccine, the Department anticipates that there will be an increase in hospitalizations and deaths in San Francisco due to influenza and its complications this year compared to previous years. In anticipation of an increase in number of infections and complications of influenza, the Department is planning an Influenza Prevention Press Conference with other City hospitals in the near future.

Housing and Urban Health

An article appeared in the Sunday Chronicle describing a DPH sponsored project that trains people in jail in rescue breathing and CPR as part of a program to reduce deaths from heroin OD.

Environmental Health

The Environmental Health Section recently took administrative action against a contractor who removed asbestos material improperly from a home in San Francisco creating the potential for public exposure. Notably, the contractor is licensed by the State to do asbestos abatement and advertises themselves as the "nations largest residential abatement company." The Department anticipates that the settlement of this action for $37,000 will have a strong deterrent effect against such negligent behavior among contractors working with hazardous materials. EHS will continue to cooperate closely with the Department of Building Inspection, the Bay Area Air Quality Management District, Cal-OSHA, and other enforcement agencies to identify violators and coordinate enforcement activities.

Prop 36

On November 29, the Department of Public Health and the District Attorney's office cosponsored a one-day conference on implementation of Proposition 36. Over the course of the day panelists addressed the implications of Proposition 36 on the criminal justice system and the treatment system. The day was extremely well attended and received attention in the media.

District Attorney Hallinan and Barbara Garcia will spearhead the process of turning the recommendations into action.

HIV Prevention Section

On November 29, the HIV Section was host to Zhao Wang, the Director of Disease Control for the Ministry of Health in the Peoples Republic of China. Prevention staff and Drs. Willi McFarland and

Grant Colfax provided Dr. Wang and 10 members of her staff with information on HIV prevention and research here at DPH. As testimony to the level of interest and quality of information, the delegation stayed two hours over the planned visit.

COMMUNITY HEALTH NETWORK

DOJ Revisits LHH

A team of Federal Department of Justice representatives revisited Laguna Honda Hospital from November 28 through December 1st. The DOJ team was comprised of two attorneys, one paralegal, two nursing experts and one expert administrator.

The DOJ team did not provide a formal debriefing. We expect to hear from the DOJ within the next few weeks. Dr. Katz will keep the Commission informed.

LHH Annual Holiday Show

The Laguna Honda Hospital volunteers are sponsoring the Annual Holiday Show for all residents on Friday, December 15th at 2:00 p.m. in Simon Auditorium. All Commissioners are invited to attend.

LHH Institutional Police Annual Toy Drive

The Institutional Police at Laguna Honda Hospital have kicked off their annual toy drive. This annual program is always a success and your support will guarantee that 2000 will be the best year yet.

For more information, contact Lt. Gary Kong 759-2319.

Director of Nursing, Emergency Department

Dr. Katz announced that Mary Jo Webb, R.N., has returned back to San Francisco General Hospital to continue serving as the Emergency Department's Director of Nursing. She returned to SFGH on Monday, December 4th.

SFGH Discharge Lounge

On December 11th, new SFGH discharge lounge will be opened to provide a safe environment for patients that are medically stable and have been discharged. Hours of operation are Monday-Friday 11:00 a.m. – 5:00 p.m. (closed on holidays and weekends).

The discharge lounge will serve patients waiting for transportation and/or social service assistance. These patients must be independent or require minimal assistance with transfers.

Many thanks to Gillian Otway, RN, Nurse Manager of 5A, for all of her hard work in developing the SFGH discharge lounge program.

Commissioner Monfredini asked for clarification of how information is communicated to families of patients in the Discharge Lounge. She also encouraged flu shots be prioritized for bedside staff at SFGH and LHH. Discussions with private hospitals are also taking place.

Commissioner Chow advocated for enforcement of the message for flu vaccine availability.

Public Speaker:

Michael Petrelis asked what happened to the $1 million from Dupont in 1999 for HIV prevention?

Yolanda Chavez, Local 250, asked about the use of all levels of nursing in the Discharge Lounge.

5) **PRESENTATION OF THE SAN FRANCISCO GENERAL HOSPITAL ANNUAL UPDATE**

A. Gene O'Connell, Executive Administrator, acknowledged her senior management and medical staff. The following areas were presented for Commission approval:

- Hospital Plan for Provision of Patient Care by Sue Currin
- Quality Improvement Plan by Hiro Tokubo
- Utilization Management Plan by John Luce, M.D.
- Competency Plan by Rod Auyang
- Environment of Care Update by Terry Salz

These reports are available in the Commission Office. The Commission is required by JCAHO to approve all of the above plans.

Commissioners commented on the following:

- Clarification needed in the two different Executive Administrators for SFGH and the CHN on page 5A.6.
- Need for correction on C1 on page 5A.24
- Need for follow-up to the 0.2% unacceptable for patient care performance evaluations; what actions were taken and what were consequences; goal is to have 0% in the unacceptable category and should be in writing
- Question of when will these be 100% of performance evaluation completed?
- Requested assurance that the higher level of standard is the goal for environment of care

B. The following reports, which are available in the Commission Office, were presented for discussion:

Medical Staff Report by Alan Gelb, M.D.

Dr. Gelb emphasized the importance of the Commission advocacy at the Federal level. Commissioner Chow expressed his appreciation for the recitation of information everyone knows; but, aside from increasing or adding more revenues, what are the urgent issues; he encouraged the physicians to come forth with innovative answers and a long term view of SFGH for the next 10 to 20 years.

Commissioner Sanchez pointed out he is here to listen and assured staff that SFGH will not be on the back burner. He advocated to look at the infrastructure, how to sustain services, what kind of facility should we have, and how the public would pass a bond measure.

Capital Planning Process at SFGH by Carlos Villavel

Mr. Villavel presented the five options for SFGH facility planning:

(1) New conforming hospital at SFGH by 2013
(2) Interim fix of existing hospital by 2008
(3) Retrofit in place to SPC-5 by 2013
(4) Phase out acute care at SFGH by 2008
(5) New conforming hospital by 2013 and build somewhere else in San Francisco.

A timetable was presented, (Attachment A)

Annual Update on SFGH Medical Center by Gene O'Connell

Areas covered included facts and figures, preparation for the 2001 Master Plan, descriptions of any given day at SFGH, the Level 1 Trauma Service, the U.C. Affiliation, the Public Health role, staffing levels, and future planning.

Ken Jensen, CHN Chief Financial Officer, presented the Analysis of Revenues and Expenditures and the City/County Subsidies to SFGH, the October SFGH Statement of Revenue and Expenses, and the October SFGH Summary Statistical Information, (Attachment B).

Review of the Partnership Between UCSF and SFGH by Phil Hopewell, M.D.

Dr. Hopewell reviewed the UCSF/SFGH Affiliation Agreement, (Attachment C). The full report is available in the Commission Office. The $66 million budget for the U.C. Affiliation was provided to the Commission.

Public Speakers:

Kevin Grumbach, M.D., knows that the City leadership supports SFGH but it is important politically for the Department, the Commission, and the Mayor, to advocate for the uninsured and needy; makes sense for the City to sustain the level of care.

Nora Roman, R.N., Emergency Coalition to Save Public Health, indicated DPH is in crisis; patients, workers and community are being hurt; addressed issues around the pharmacy privatization plan, inadequate staffing, crisis in emergency and urgent care services, rejection of the Strategic Plan, and Commission to play an active role in Sacramento and Washington advocating for universal health care.

Eric Isaacs, M.D., encouraged Commission to talk to the Mayor about ER; gave patient examples; barely avoiding malpractice suits; not getting single standard of care; encouraged Commission to stand up to the Mayor.

Howard Graves, M.D., gave overview of patients, diversion rates, overloaded ER; political courage is needed.

Lynn Bui, M.D., described conditions in ER Department; advocated for help to medical staff.

Chris Barton, M.D., SFGH ED, described realities in the ER, diversion rates, and census at SFGH.

Teresa Palmer, M.D., LHH, represented physicians at LHH; submitted letters from Dr. Maria Rivero, Dr. Charles Stinson, Dr. Monica Banchero-Hasson, Dr. Derek Kerr, Dr. Christopher Hinnant, Dr. Brenda Ansher, Dr. Laura Duskin, Dr. Rene

Thomas, Dr. C. Lee, Dr. Lisa Hoo, Dr. Vicky Young, and Dr. James Budke; expressed concerns on staffing in medicine, nursing, activity therapy, rehab, social work, dietary and housekeeping. Letters are available in the Commission Office.

Brad Shapiro, M.D., Family Practice Residency Program, alarmed at Dr. Katz's statement on seeing improvements at SFGH; described examples of patients not receiving care.

Mark Jacobson, M.D., SFGH, expressed importance of SFGH physicians who believe in public health, research, and respected colleagues at SFGH; best and brightest house staff; SFGH is becoming unattractive to bring in new physicians; suggested to change the Strategic Plan.

Richard Haber, M.D., SFGH Department of Medicine, has been on faculty for 25 years; was a patient at SFGH; real crisis now; funding gap has not been made up by the City; gave examples of clinic patients.

Joel Ernst, M.D., Department of Medicine, gave examples of having academic researchers at SFGH (i.e., TB, AIDS).

Michael Lyon, former SFGH employee, is concerned about the Strategic Plan; health care is being taken away from the working class; if nothing is done, DPH has to scale back.

Jim Kahn, M.D., SFGH, single standard of care should not be below the standard of care; morale is at an all time low; Commission is inadequately informed.

Meg Newman, M.D., SFGH, quoted Dr. Katz; San Francisco is in a position to remedy the problem; City should take the lead in public health; do not further erode public health system.

Rick Hecht, M.D., SFGH, says it is demoralizing for faculty; described how he spends his physician time; he essentially volunteers his clinical time.

Courtney Broaddus, M.D., SFGH, wants to maintain excellence of physicians; recruitment and retention of top faculty at SFGH/UCSF; faculty largely pay their own way; law morale; the Strategic Plan will not allow a full functional hospital.

Robert Jasmer, M.D., SFGH, talked about a major meltdown in ICU; not enough beds for critical care patients; inadequate number of respiratory therapists; level of denial by the Mayor.

Todd May, M.D., Family Medicine Department, says things are not better this year; not humanistic care; do not deny what is happening.

Sue Carlisle, M.D., SFGH, gave her own history; described problems in area of anesthesiology with recruitment and retention.

Guy Paiement, M.D., SFGH, described specialized services and difficulty in providing specialty services; only one kind of health – not public vs. private; poor people are being stigmatized.

Stephanie Tashay, Committee of Interns and Residents, urged high quality health care to indigents; health care is a right; doesn't support a Strategic Plan that limits care.

Teresita C. Gatan, Local 250, stated the care for patients is being decreased by budget cuts; need for adequate oversight or health care and need to work with community organizations; private hospitals are dumping patients to SFGH.

Lynn Carman (submitted written testimony) given by Nora Roman; restore level of care in ER; expressed objections to the Department's Strategic Plan; gave notice of potential lawsuit on behalf of a client.

Margaret Wheeler, M.D., SFGH, commented on Strategic Plan; fears the emperor has no clothes; focus on primary prevention is difficult to measure.

Richard Price, M.D., SFGH, would like to deliver first class care; need to maintain a critical mass of patients and providers in order to serve indigent; reverse downsizing of SFGH.

Dean Shepherd, M.D., SFGH, described a large community of scientist physicians who give many hours of patient care; these physicians want to be here.

Chip Chambers, M.D., described a disconnect in the Strategic Plan regarding the trauma unit and infectious disease clinic; looks forward to fixing the situation.

Bob Lull, M.D., incoming President of S.F. Medical Society, is proud to be with the physicians in the CHN/SFGH; CHN is vital to the health system of the City; maintain all services at SFGH; willing to be part of future planning in the City.

Action Taken: The Commission unanimously approved the following documents with the Commissioners comments:

- Hospital Plan for Provision of Patient Care
- Quality Improvement Plan
- Utilization Management Plan
- Competency Plan
- Environment of Care Update

President Guy stated decisions regarding capital planning for SFGH will be made at a future date. More public discussions will occur in January 2001.

Commissioner Monfredini requested an access pass to SFGH so that she can make visits to SFGH. She needs to know more.

Commissioner Sanchez stated the testimony heard today is historical because two years ago a similar message was delivered; the SFGH model is at risk and we need to move forward with a bond initiative. He is touched by the dedication of staff.

Commissioner Chow offered to meet with any of the speakers; what are alternatives to deliver care in a different mode; what should the size of SFGH be in order to allow for academic and a university presence? He is not sure of the issues of reduction at SFGH in the Strategic Plan. He thanked the speakers.

Commissioner Umekubo thanked the speakers and expressed his commitment to maintain SFGH as a crucial role in the health care system in the City. He advocated for a collaborative strategy with all

parties, including the S.F. Medical Society. He expressed that Option 4 if not an option (i.e., phasing out SFGH).

Commissioner Parker advocated to come together and decide what to do. There are too many turf issues and in fighting. He feels everyone will survive and SFGH will not fade away; but we cannot continue to find blame.

Dr. Katz thanked the speakers and expressed his appreciation to the Commission for its understanding of the hard realities. He and the Commission believe that health care is a right for all, but our country does not believe this. The Federal government does not support this. Everyone, other than the City, has abandoned SFGH. To some degree, UCSF has abandoned SFGH (i.e., residents). The University funding is less due to its own funding decreases and its own hard times. Dr. Katz reiterated the housing crisis in the City, the increase is homelessness, all hospitals having recruitment/retention problems, and the nursing shortage. However, the City has increased support for SFGH, but the amounts removed by the Federal and State levels cause a huge problem. He qualified his comments on improvements at SFGH in that he is referring to improvements in moving patients from SFGH to LHH. He also believes that the affect on morale has to do with increasing needs and decreasing State and Federal support. The City and County are committed and are supporting SFGH. The facts and figures do not support that the City/County is not supportive. The City and County is not the enemy.

President Guy expressed appreciation to the speakers for their input and commitment. She believes there is deterioration in public health. Primary care is important; and we cannot say no to the African American Health Initiative. Housing is a health issue; prevention, primary and tertiary care do work. She encouraged problem-solving not to be competitive and will go anywhere to talk to people. She is willingly a Commissioner and as the President. She expressed appreciation for the U.C. Affiliation Agreement and the fact that a formal presentation and crucial information on the Affiliation Agreement was provided to the Commission. She appreciates the UCSF leadership. She also encouraged the Department to work on improving payment methodologies. Additionally, she encouraged staff to prepare information for the Commission in the direction of building a new SFGH by 2013.

All of the Commissioners indicated their support for a new conforming SFGH by 2013. Commissioner Chow cautioned that the Commission needs to have logic and support for a specific direction and size of SFGH with support from the public.

Dr. Katz will bring back to the Commission sometime in January with a potential policy direction. There may be a need for a special Commission meeting in January.

6) OTHER BUSINESS/PUBLIC COMMENTS

None.

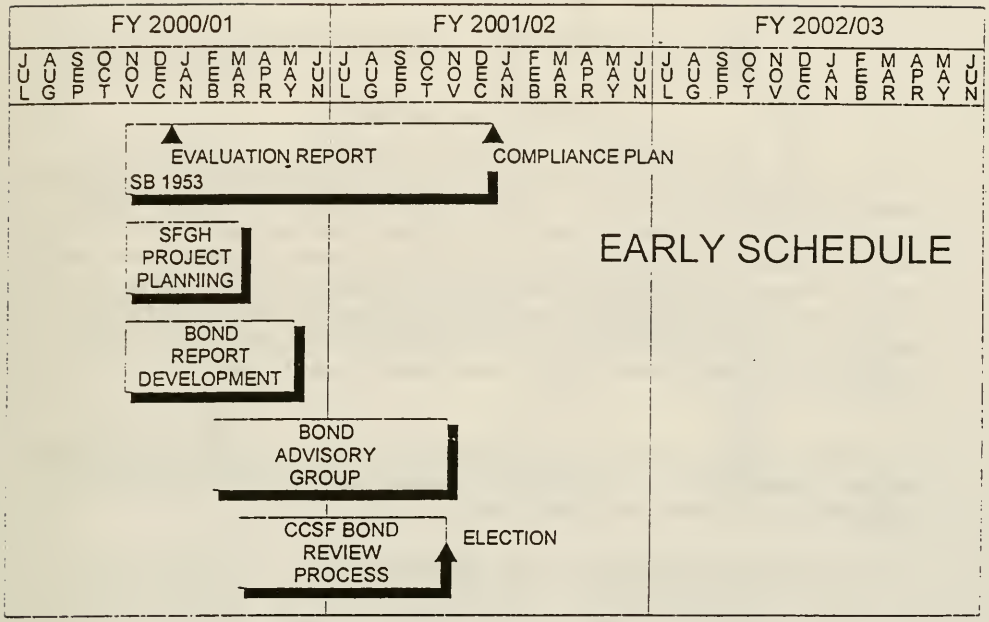
The meeting was adjourned at 7:50 p.m.

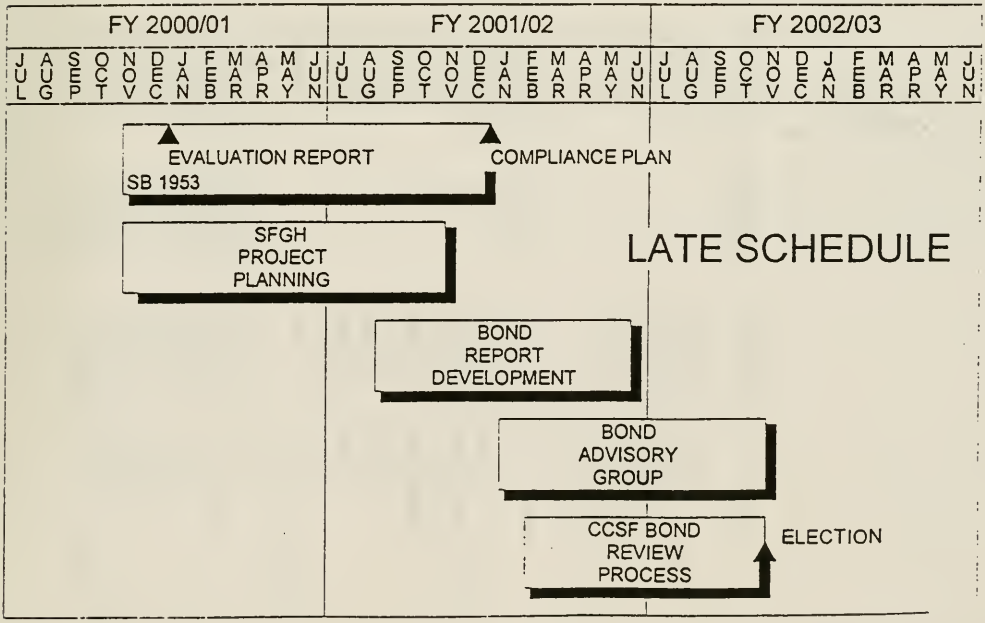
Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

NEAR-TERM TIMETABLES





San Francisco General Hospital

Analysis of Revenue and Expenditures

& City/County Subsidies

Attached is an analysis of the three fiscal years 1999, 2000 and 2001 shows that SFGH direct patient revenues do not cover the costs of providing care. The budget for FY 01 reflects over a $208 million loss from operations. With changes in reimbursement for government sponsored patients, revenues are not expected to increase to cover expected cost increases for the coming years. This loss is partially offset by $68 million in funding from State and Federal sources for maintaining health care for safety net patients. Most of the additional funding is due to disproportionate share payments (SB 855 & 1255) which have dropped dramatically in the last few years. SB 855 revenue alone decreased by close to $14 million in one year.

The remaining loss of over $140 million is funded through City/County subsidies. SFGH is budgeted to receive in FY 01, $79 million in general fund subsidy and over $61 million in realignment money. What is clear from the analysis is that:

- Expenses will increase at least at the average inflation
- Direct patient revenue will at least remain flat, if not decrease
- Federal and State funding will at best remain flat and will not keep up with inflation

City/County subsidies have dramatically increased, but there are limitations to future increases

SAN FRANCISCO GENERAL HOSPITAL
Analysis of Revenue and Expenditures
FY 1998-99 to FY 2000/01

	FY 98/99			FY 99/00			FY 00/01 Budget		
A.) Net Patient Service Payor	Revenue FY 99	Cost FY 99	Net FY 99	Revenue FY 00	Cost FY 00	Net FY 00	Revenue FY 01	Cost FY 01	Net FY 01
Medi-Cal	63,737,782	67,815,694	(4,077,912)	49,578,906	59,218,200	(9,639,294)	48,898,433	58,405,427	(9,506,994)
Medicare	39,226,484	33,090,018	6,136,466	39,006,157	33,154,259	5,851,898	38,190,480	32,460,954	5,729,526
Medi-Cal S/D	5,463,980	15,330,928	(9,866,948)	5,358,716	15,310,617	(9,951,901)	4,653,863	15,769,936	(11,116,073)
Capitation	3,798,641	9,912,318	(6,113,677)	6,279,885	9,748,751	(3,468,866)	7,958,633	12,354,801	(4,396,168)
Subtotal	112,226,887	126,148,957	(13,922,070)	100,223,664	117,431,827	(17,208,163)	99,701,409	118,991,118	(19,289,709)
Other/Unsponsored	15,131,067	181,935,693	(166,804,626)	32,090,787	212,435,563	(180,344,776)	20,773,981	210,269,177	(189,495,196)
TOTAL	127,357,954	308,084,650	(180,726,696)	132,314,451	329,867,390	(197,552,939)	120,475,390	329,260,295	(208,784,905)
B.) Non Service Pt Revenues									
SB855	43,869,596		43,869,596	29,156,611		29,156,611	29,293,078		29,293,078
SB1255	17,000,000		17,000,000	21,700,000		21,700,000	21,700,000		21,700,000
GME	4,000,000		4,000,000	1,300,000		1,300,000	1,300,000		1,300,000
MAA/TCM	3,994,493		3,994,493	5,852,497		5,852,497	3,500,000		3,500,000
PROP 99	6,755,196		6,755,196	4,088,381		4,088,381	3,741,000		3,741,000
Medicare GME	1,561,998		1,561,998	1,614,730		1,614,730	1,584,771		1,584,771
Medicare DSH	8,073,101		8,073,101	6,992,760		6,992,760	6,996,060		6,996,060
PY Settlements (M/Care & M/Cal)	(3,833,337)		(3,833,337)	(666,657)		(666,657)	0		0
TOTAL	81,411,047		81,411,047	70,038,322		70,038,322	68,114,909		68,114,909
SUBTOTAL (A + B)	208,769,001	308,084,650	(99,315,649)	202,352,773	329,867,390	(127,514,617)	188,590,299	329,260,295	(140,669,996)
C.) County Subsidies									
General Fund	32,907,300		32,907,300	54,839,352		54,839,352	79,557,196 **		79,557,196
MHRF GF	8,390,401		8,390,401	8,453,067		8,453,067	0		0
Realignment	54,796,568		54,796,568	57,812,800		57,812,800	61,112,800		61,112,800
GF Reallocation from DPH	3,221,380		3,221,380	6,409,398		6,409,398	0		0
SUBTOTAL	99,315,649		99,315,649	127,514,617		127,514,617	140,669,996		140,669,996
TOTAL (A + B + C)	308,084,650	308,084,650	0	329,867,390	329,867,390	0	329,260,295 *	329,260,295	0

* Includes $16 million Transfer from Population Health & Prevention

** Includes UCSF budget

SAN FRANCISCO GENERAL HOSPITAL

Statement of Revenue and Expenses

Four Months Ending October 31, 2000

(In thousands of Dollars)

Line No.	MONTH-TO-DATE Actual	Budget	Fav/(Unfav) Variance	% Var	Prior Year		ANNUAL Projection	Budget	Fav/(Unfav) Variance	% Var	Prior Year
						GROSS PATIENT REVENUE:					
1	16,998	14,031	2,966	21.1%	12,715	Inpatient Medi-Cal Revenue	164,121	162,186	1,934	1.2%	150,724
2	4,330	4,385	(55)	-1.2%	3,711	Outpatient Medi-Cal Revenue	50,691	50,683	(392)	-1.2%	47,102
3	4,600	4,839	(239)	-4.9%	4,712	Inpatient Medicare Revenue	56,334	55,937	397	0.7%	54,665
4	1,849	1,932	(83)	-4.3%	1,828	Outpatient Medicare Revenue	21,725	22,334	(609)	-2.7%	21,826
5	5,981	7,036	(1,055)	-15.0%	6,843	Inpatient Other Revenue	86,071	81,339	4,732	5.8%	83,236
6	5,457	5,022	435	8.7%	4,902	Outpatient Other Revenue	59,638	58,056	1,582	2.7%	59,412
7	39,215	37,246	1,969	5.3%	34,711	TOTAL PATIENT SERVICE REVENUE	437,981	430,535	7,445	1.7%	416,965
						REVENUE DEDUCTIONS:					
8	3,267	6,056	2,788	46.0%	5,344	Charity Care	65,322	70,000	4,677	6.7%	58,268
9	15,953	12,974	(2,979)	-23.0%	11,216	Provision for Medi-Cal Adjustments	160,231	149,972	(10,259)	-6.8%	149,060
10	2,315	2,422	107	4.4%	1,925	Provision for Medicare Adjustments	28,023	28,000	(24)	-0.1%	27,475
11	5,597	4,192	(1,405)	-33.5%	3,397	Provision for Other Adjustments	48,502	48,463	(39)	-0.1%	53,287
12	1,917	1,917	(0)	0.0%	3,369	Provision for Bad Debt	23,000	23,000	0	0.0%	23,598
13	29,050	27,561	(1,489)	-5.4%	24,351	TOTAL REVENUE DEDUCTIONS	325,079	319,435	(5,644)	-1.8%	311,688
14	10,165	9,685	480	5.0%	10,360	NET PATIENT SERVICE REVENUE	112,902	111,101	1,801	1.6%	105,277
						OTHER OPERATING REVENUE:					
15	921	663	258	38.9%	473	Capitation	8,733	7,959	774	9.7%	6,248
16	388	388	0	0.0%	125	Short Doyle	4,654	4,654	0	0.0%	5,359
17	704	704	0	0.0%	704	MMRF Funding	8,453	8,453	0	0.0%	8,453
18	10,626	10,626	0	0.0%	11,498	SB855	127,518	127,518	0	0.0%	91,373
19	1,808	1,808	0	0.0%	3,667	SB1255	21,700	21,700	0	0.0%	21,700
20	108	108	0	0.0%	750	GME	1,300	1,300	(0)	0.0%	1,300
21	0	0	0	#DIV/0!	696	Prior Year Settlement	0	0	0	#DIV/0!	(667)
22	292	292	(0)	0.0%	870	MAA & Other Net Patient Revenue	3,500	3,500	0	0.0%	4,363
23	14,848	14,590	258	1.8%	18,783	OTHER OPERATING REVENUE	175,858	175,083	774	0.4%	138,129
24	25,014	24,275	738	3.0%	29,143	TOTAL OPERATING REVENUE	288,760	286,184	2,576	0.9%	243,406
						OPERATING EXPENSES:					
25	12,648	12,456	(392)	-3.1%	11,948	Personnel Services	153,552	151,158	(2,394)	-1.6%	148,920
26	3,191	2,842	(349)	-12.3%	2,690	Mandatory Fringe Benefits	36,044	34,490	(1,554)	-4.5%	35,819
27	7,221	8,410	1,189	14.1%	7,144	Contractual Services	98,514	100,922	2,408	2.4%	90,210
28	1,936	2,148	212	9.9%	2,020	Materials and Supplies (Excl. Pharmaceuticals)	25,775	25,775	0	0.0%	22,922
29	1,200	1,000	(200)	-20.0%	1,625	Pharmaceuticals	14,400	12,000	(2,400)	-20.0%	15,176
30	382	382	0	0.0%	165	Facilities Maint. & Capital Outlay	4,589	4,589	0	0.0%	2,583
31	1,245	1,245	0	0.0%	1,343	Services of Other Departments	14,938	14,938	0	0.0%	13,593
32	(936)	(936)	0	0.0%	(670)	Expenditure Recovery	(11,232)	(11,232)	0	0.0%	(927)
33	8,185	8,185	0	0.0%	8,185	Operating Transfer Out	98,225	98,225	0	0.0%	63,914
34	187	187	0	0.0%	133	Intrafund Transfer	2,248	2,248	0	0.0%	1,590
35	428	428	0	0.0%	2,820	Projects	5,131	5,131	0	0.0%	4,123
36	35,887	36,348	461	1.3%	37,222	TOTAL OPERATING EXPENSES	442,183	438,244	(3,939)	-0.9%	397,923
37	(10,873)	(12,073)	1,199	-9.9%	(8,078)	OPERATING INCOME/(LOSS)	(153,423)	(152,060)	(1,363)	0.9%	(154,517)
						NON-OPERATING REVENUE:					
38	5,925	5,925	0	0.0%	3,055	General Fund	71,104	71,104	(0)	0.0%	65,350
39	5,093	5,093	0	0.0%	4,734	Realignment	61,113	61,113	0	0.0%	58,733
40	338	312	27	8.5%	496	Prop 99	3,807	3,741	66	1.8%	3,956
41	205	205	0	0.0%	1,190	Transfer In	2,463	2,463	0	0.0%	13,521
42	836	836	0	0.0%	627	Carryforward	10,034	10,034	0	0.0%	7,459
43	73	87	(14)	-15.6%	69	Cafeteria	877	1,040	(163)	-15.6%	877
44	193	214	(21)	-9.9%	226	Miscellaneous	2,565	2,565	0	0.0%	3,038
45	12,664	12,672	(8)	-0.1%	10,397	NON-OPERATING REVENUE	151,963	152,060	(97)	-0.1%	154,936
46	1,790	599	1,191		2,319	NET INCOME/(LOSS)	(1,460)	(0)	(1,460)		419

SAN FRANCISCO GENERAL HOSPITAL
Summary Statistical Information
October 2000

Line No.	CURRENT MONTH Actual	Budget	Variance	% Var	Prior Year	KEY VOLUME INDICATORS	YEAR-TO-DATE Actual	Budget	Variance	% Var	Prior Year
						Acute Activity					
1	1,443	1,637	(194)	-11.9%	1,637	Discharges	5,995	6,628	(633)	-9.6%	6,628
						Average Daily Census					
2	187	183	4	2.5%	198	Acute Med/Surg ADC	193	183	10	5.3%	200
3	89	92	(3)	-3.1%	97	Psych ADC	93	95	(2)	-1.9%	96
4	19	24	(5)	-20.6%	25	Skilled Nursing ADC	22	21	0	1.7%	22
5	296	299	(3)	-1.1%	320	Subtotal Excl. MHRF	308	300	8	2.8%	318
6	136	140	(4)	-3.1%	123	MHRF ADC	134	140	(6)	-4.0%	125
7	431	439	(8)	-1.7%	444	Subtotal Adult ADC	443	440	3	0.6%	443
8	7	7	(0)	-6.5%	12	Nursery ADC	7	7	(0)	-2.4%	14
9	6.4	5.7	(0.7)	-12.3%	7.6	Average Length of Stay (excl. MHRF)	6.4	5.6	0.8	13.7%	7.4
10	1.132	1.295	(0.2)	-12.6%	1.225	Medicare Case Mix Index	1.132	1.295	(0.2)	-12.6%	1.225
						Payor Mix (Gross Revenue)					
11	54.4%	49.4%	4.9%		47.3%	Medi-Cal	47.9%	49.4%	-1.5%		49.1%
12	16.4%	18.2%	-1.7%		18.8%	Medicare	17.2%	18.2%	-1.0%		17.6%
13	29.2%	32.4%	-3.2%		33.8%	Other	34.9%	32.4%	2.5%		33.2%
14	100.0%	100.0%	0.0%		100.0%	Total	100.0%	100.0%	0.0%		100.0%
						Patient Days					
15	6,145	5,372	773	14.4%	6,201	Medi-Cal Patient Days (excl. MHRF)	20,224	21,355	(1,131)	-5.3%	22,868
16	1,816	1,966	(150)	-7.6%	2,014	Medicare Patient Days (excl. MHRF)	7,984	7,814	170	2.2%	7,442
17	1,206	1,932	(726)	-37.6%	1,711	Other Patient Days (excl. MHRF)	9,687	7,700	1,987	25.8%	8,773
18	9,167	9,269	(102)	-1.1%	9,926	Total Patient Days (excl. MHRF)	37,895	36,870	1,025	2.8%	39,083
19	6,901	6,219	682	11.0%	6,983	Medi-Cal Patient Days	24,413	24,716	(303)	-1.2%	26,394
20	1,847	1,991	(144)	-7.2%	2,047	Medicare Patient Days	8,077	7,912	165	2.1%	7,475
21	4,626	5,400	(774)	-14.3%	4,722	Other Patient Days	21,941	21,462	479	2.2%	20,648
22	13,374	13,609	(235)	-1.7%	13,752	Total Patient Days	54,431	54,090	341	0.6%	54,517
24	19,017	19,566	(549)	-2.8%	19,667	Adj. Patient Days	76,914	77,764	(850)	-1.1%	77,504
25	80.3%	81.8%	-1.4%	-1.7%	82.6%	% Occupancy (available beds)	82.4%	81.9%	0.5%	0.6%	82.5%
						KEY OPERATIONAL INDICATORS					
						Labor					
26	2,306	2,296	(10)	-0.4%	2,310	FTEs - Productive	2,294	2,296	3	0.1%	2,357
27	292	313	21	6.8%	393	FTEs - Non-Productive	302	313	11	3.5%	330
28	2,598	2,610	11	0.4%	2,703	FTEs - Total	2,596	2,610	14	0.5%	2,688
29	334	334	0	0.1%	351	UC Non-Academic FTEs	334	334	0	0.1%	351
30	2,932	2,944	12	0.4%	3,054	Total FTEs	2,930	2,944	14	0.5%	3,039
31	4.8	4.7	(0.1)	-2.5%	4.8	FTEs Per AOB (incl. UC)	4.6	4.7	0.0	0.5%	4.8
32	224.3	196.4	(27.9)	-14.2%	207.3	Hours per adj. Acute Discharge	224.3	192.5	(31.8)	-16.5%	201.4
33	58,867	57,442	(1,425)	-2.5%	55,366	Labor Cost per FTE	58,640	57,231	(1,409)	-2.5%	55,906
34	24.8%	22.8%	-2.0%	-8.8%	22.5%	Fringe Benefits as % of Salary	23.5%	22.8%	-0.7%	-2.9%	22.5%
35	344	227	117	51.5%	233	Vacancy positions	344	227	117	51.5%	233
						Revenues					
36	1,315	1,241	75	6.0%	2,010	Oper. Revenue per adj. Pat. Day	1,288	1,245	43	3.4%	2,010
37	656	600	56	9.4%	673	Oper. Rev. (excl. SB855/1255/GME)/APD	636	600	36	6.0%	673
38	12,191	10,315	1,876	18.2%	16,889	Oper. Revenue per adj. Discharge	11,693	10,160	1,533	15.1%	16,885
39	6,078	4,985	1,093	21.9%	5,650	Oper. Rev. (excl. SB855/1255/GME)/adj. Discharge	5,770	4,894	877	17.9%	5,650
						Expenses					
40	1,887	1,858	(29)	-1.6%	1,893	Operating Exp. Per adj. Pat. Day	1,905	1,864	(42)	-2.2%	1,943
41	1,457	1,439	(17)	-1.2%	1,349	Operating Exp.(excl. IGT)/adj. Pat. Day	1,479	1,442	(37)	-2.6%	1,390
42	17,490	15,444	(2,046)	-13.2%	15,899	Operating Exp. Per adj. Discharge	17,297	15,207	(2,090)	-13.7%	16,016
43	13,501	11,966	(1,535)	-12.8%	11,335	Operating Exp.(excl. IGT)/adj. Discharge	13,432	11,771	(1,661)	-14.1%	11,481
44	31%	33%	2%	5.1%	35%	Supply Exp. as % of net Pt. Rev.	32%	33%	1%	2.7%	41
45	113	120	7	5.8%	131	Days Revenue in Accounts Receivable	113	120	7	5.8%	13

REVIEW OF PARTNERSHIP BETWEEN UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO AND SAN FRANCISCO GENERAL HOSPITAL

The collaboration with UCSF has supported the Department of Health in carrying out its mission and ensured a broad scope of specialty services that most likely would not be available to our patients without increased costs. The academic affiliation ensures quality of care as well as SFGHMC's ability to meet regulatory standards.

The University and City have had a long and mutually beneficial relationship for the past 125 years. We strive to work in partnership and have included UCSF in out strategic planning. In participating in the strategic planning, UCSF has identified some of the following concerns:

- Existing centers of excellence within SFGH should be supported.

- A critical mass of patients, financial sponsorship and the full range of clinical services are requirements for the University's presence in order to provide the patient base and income necessary to support teaching and clinical proficiency of the subspecialists.

- The seismic issues for the University at SFGH begin in January 2003. After that date, five-year research grants can not be submitted for funding because of UC Regent policy that UC employees will be in seismically-sound space by 2008. The policy impacts all UC employees in 2008. UCSF currently occupies approximately 250,000 square feet of research and clinical space in such buildings, approximately 150,000 square feel of which is leased from SFGH. The research housed in this space supports faculty who also provide clinical services at SFGH, and the loss of the research at this campus will have an adverse impact upon the ability and cost to maintain the clinical services at SFGH.

- The University brings resources to SFGHMC that support clinical care. There are many ways that UCSF leverages the Contract dollars, combining them with state funds, departmental funds and clinical research grants to enhance clinical care through additional staff, equipment and continuing education.

- UCSF bills third parties for the services that are not paid for by SFGH, using those collections to fund both clinical care and academic programs. In 1999-2000, UCSF billed $51,856,889 for professional services delivered at SFGH including care rendered to medically indigent adults (MIAs). The total clinical income for this same period was $15,949,149 (31% of the amount billed during 1999-2000). The University spent $16,724,948 of professional fee income earned at SFGH to support clinical care in 1999-2000.

- SFGH pays for 50% of the clinical physician salaries. The other 50% is paid for by UCSF. This enables UCSF to bill third parties for the unpurchased physician time and to use that income to support the clinical programs.

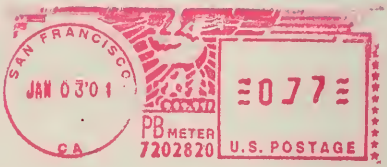
- Research grants pay for patient care equipment, part of staff and physician salaries and drugs in other departments as well.

- The City does not pay UCSF overhead for the contract services, so UCSF pays for much of the personnel, accounting, and materials management associated with the services purchased through the Contract.

- UCSF processes SFGH's radioactive waste from patient care activities and pays for the storage of it at an out-of-state site at no cost to the City.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Vice President

Edward A. Chow, M.D.
Commissioner

Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

December 12, 2000
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

DEC 07 2000

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(2.1) **PHP-AIDS Office** – Update report on contract with Community Dental Care, Inc.

(2.2) **PHP-AIDS Office** – Update report on contract with Mobilization Against AIDS International

(2.3) **PHP-AIDS Office** – Request for approval of a new sole source contract with Harder+Company in the amount of $234,090 for the provision of technical support services to the HIV Prevention Planning Council, for the period of January 1, 2001 through December 31, 2001.
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(2.4) **PHP-Central Administration** – Request for approval of a new contract with Field Research Corporation, in the total contract amount of $460,085, for the provision of Survey Administration services, for the period of December 15, 2000 through June 30, 2004.
**Calendaring request memo, Draft budget pages*

(2.5) **CHPP-Dental Services** – Request for approval of a retroactive contract with Central American Resource Center, in the amount of $90,300, to provide for the continued operation of the Celina Ramos Clinic for health/dental services targeting immigrant, homeless and/or low-income individuals and families of the Mission District of San Francisco, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with CARC for services totaling $40,285 during FY 1999-2000).
**Calendaring request memo*

(2.6) **CHPP-Health Promotion** – Request for approval of a contract modification with San Francisco Study Center (SFSC), in the amount of $145,060, for a contract total of $167,560, for the provision of Community Capacity Building Training Center fiscal sponsor services, for the period of July 1, 2000 through December 31, 2001. (DPH contracted with SFSC for services totaling $1,790,069 during FY 1999-2000).
**Calendaring request memo, Monitoring report summary*

(2.7) **CHPP-Health Promotion** – Request for approval of a new contract with Intersection for the Arts/Youth Speaks, in the amount of $103,519, for the provision of anti-tobacco education services, for the period of January 1, 2001 through June 30, 2002.
**Calendaring request memo*

(2.8) **PHP-CSAS** – Request for approval of a retroactive contract renewal with Women and Children's Family Services, Inc. (WCFS), in the amount of $1,875,368, for the provision of residential and outpatient substance abuse services for various women/children groups, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with WCFS for services totaling $1,961,581 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(2.9) **PHP-CSAS** – Request for approval of a retroactive contract renewal with Horizons Unlimited of San Francisco, in the amount of $1,135,034, for the provision of day treatment, outpatient and prevention substance abuse services to Latino youth and young adults, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Horizons for services totaling $1,145,559 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries, Response letter from Horizons Unlimited*

(2.10) **PHP-CMHS/CSAS** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $9,543,340, for the provision of residential, rehabilitation, intensive day treatment and detoxification services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Baker for services totaling $19,159,668 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries, Letter from Baker Places, Letter to Baker Places*

(2.11) **PHP-CMHS/CSAS –** Request for approval of a retroactive contract with Family Service Agency of San Francisco (FSA), in the amount of $5,159,825, for the provision of children's mental health services, adult case management, geriatric services and fiscal intermediary services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with FSA for services totaling $4,696,308 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(2.12) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $2,378,261 per year, for a three year contract total of $7,134,783 for the provision of various mental health services targeting children and adolescents in San Francisco, for the period of July 1, 2000 through June 30, 2003. (DPH contracted with Edgewood for services totaling $1,761,526 during FY 99-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summary*

(2.13) **PHP-CMHS-Child, Youth & Family –** Request for approval of retroactive renewal contracts CYO-St. Vincent's School for Boys and High Gear Achievers, Inc., in the amounts of $68,600 and $30,000 respectively, to provide various mental health wrap-around services for seriously emotionally disturbed children in the Family Mosaic project, for the period of July 1, 2000 through June 30, 2001.

Contractor	Type of Service	Proposed FY 00-01 Transaction
Catholic Youth Organizations – St. Vincent's School for Boys	Sub-Acute Residential Treatment	$68,600
High Gear Achievers, Inc.	Tutorial Services	$30,000

**Calendaring request memo*

(2.14) **PHP-CMHS** – Request for approval of a retroactive contract renewal Mental Health Management I, Inc., dba Canyon Manor, in the amount of $3,087,539 per year, for a three year contract total of $9,262,617 for the provision of 24-hour Institute for Mental Disease services to San Francisco residents, for the period of July 1, 2000, through June 30, 2003. (DPH contracted with Canyon Manor for services totaling $8,363,811 during FY 1999-2000).
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(2.15) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $7,493,781, for the provision of mental health residential, outpatient and day treatment services targeting adult residents of San Francisco, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Progress Foundation for services totaling $6,984,300 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries, Response letter from Progress*

(2.16) **PHP-CMHS** – Request for approval of a retroactive contract renewal with San Francisco Mental Health Education Funds, Inc. (SFMHEF), in the amount of $158,792 per year, for a four year contract total of $635,168 for the provision of fiscal agent services to the San Francisco Mental Health Board, for the period of July 1, 2000 through June 30, 2004. (DPH contracted with SFMHEF for services totaling $155,898 during FY `1999-2000).
**Calendaring request memo, Monitoring report summary*

(2.17) **PHP-CMHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., (WCMHC), in the amount of $4,432,844, for the provision of mental health crisis, outpatient, day treatment, residential care facilities coordination and fiscal intermediary services targeting adults and youth, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with WCMHC for services totaling $9,784,090 during FY 1999-2000).
**Calendaring request memo, Client demographic information forms, Monitoring report summaries, Response letter from WCMHC*

(2.18) **CHN-Primary Care** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation (BVHPF), in the amount of $309,609, for the provision of mental health outreach/case management services targeting the homeless, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with BVHPF for services totaling $7,109,248 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary, Response letter from BVPHF*

(2.19) **CHN-Primary Care** – Request for approval of a retroactive contract with Mission Neighborhood Health Center (MNHC) in the amount of $106,250 for the continuation of Primary Care services targeting women and children at the Excelsior Clinic, for the period of October 2000 through June 30, 2001. (DPH contracted with MNHC for services totaling $835,606 during FY 1999-2000).
**Calendaring request memo*

(2.20) **CHN-Pharmacy** – Request for approval of a contract modification with Asereth Medical Services, Inc. to increase the contract amount from $500,000 to $900,000 for the provision of as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $3,400,000 during FY 1999-2000).
**Calendaring request memo, Monitoring report summary*

(2.21) **CHN-Revenue Management** - Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third party reimbursements through an Uncompensated Care Recovery Program at San Francisco General Hospital for the period of January 1, 2001 through December 30, 2002.
**Calendaring request memo*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

4) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD FOR DECEMBER 2000**

5) **DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN AND CONSIDERATION OF A RESOLUTION ON THE PLAN**

6) **TIME SPECIFIC AT 4:30 P.M.:** **PRESENTATION AND DISCUSSION OF THE AFFILIATION OF ST. LUKE'S HOSPITAL WITH SUTTER HEALTH**

7) FOR DISCUSSION: PRESENTATION OF JAIL HEALTH SERVICES

8) OTHER BUSINESS/PUBLIC COMMENTS**

* **Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.**

** **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us.**

City and County of San Francisco
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 12, 2000
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma P. Guy, MSW, at 3:05 p.m.

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JAN - 4 2001

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Present: Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

It was announced that agenda item #7 (Jail Health Services) will be recalendared for January 9, 2001.

2) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(2.1) **AIDS Office –** Update report on contract with Community Dental Care, Inc.

Michelle Long Dixon, Director of HIV Health Services, presented an update report and a copy of the recent monitoring report. This contract has been approved through February 28, 2001; and the contract will go out to bid.

Commissioner Parker requested a list of services provided, with billing information per month for the past six months.

Commissioner Sanchez commented on the importance of quality assurance with this contractor.

(2.2) **AIDS Office** – Update report on contract with Mobilization Against AIDS International

Steve Tierney, Director of HIV Prevention Services, reported a significant progress with continued good services provided.

(2.3) **PHP-AIDS Office** – Request for approval of a new sole source contract with Harder+Company in the amount of $234,090 for the provision of technical support services to the HIV Prevention Planning Council, for the period of January 1, 2001 through December 31, 2001.

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High Gear Achievers, Inc.	Tutorial Services	$30,000

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(2.20) **CHN-Pharmacy –** Request for approval of a contract modification with Asereth Medical Services, Inc. to increase the contract amount from $500,000 to $900,000 for the provision of as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $3,400,000 during FY 1999-2000).

Commissioner Sanchez emphasized the need for culturally competent pharmacists.

(2.21) **CHN-Revenue Management** - Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third party reimbursements through an Uncompensated Care Recovery Program at San Francisco General Hospital for the period of March 1, 2001 through December 31, 2002.

The Department will continue the existing contract for another 60 days.

Public Speakers:

Lock Holmes, SNR/Paralign, pointed out Paralign has recovered millions of dollars for the Department; Paralign submitted a lower bid; does not believe this item should be before the Commission; has contested the decision of Department of Public Health; criticized the process for review of references.

Robert McCarthy, McCarthy & Schwartz, submitted letters of reference from Department staff; indicated fundamental flaw in evaluation of the proposals, citing criticisms on the recusal process of panel members and the canvassing of references; requested Commission to defer this item.

Monique Zmuda, DPH Chief Financial Officer, reviewed the DPH procedures of the RFP process and appeal process; stated either contractor is qualified to do the job; indicated there is no basis to overturn the recommendation of the review panel.

Commissioner Monfredini clarified that the recommended contractor had the lowest bid; there are no outstanding complaints on the recommended contractor; the recommended contractor will provide bilingual services; and this issue will go to court prior to going to the Board of Supervisors.

Ms. Zmuda reported the Department negotiated a reduced rate with Health Advocates.

Commissioner Parker asked about the consequences of a court case. A judge may decide to defer the case if all administrative steps have not been exhausted.

Note: The Deputy City Attorney for the Health Department was not present.

Commissioner Parker preferred this item be decided at the full Commission.

Commissioner Monfredini, with Commissioner Sanchez agreeing, would recommend approval of Health Advocates to the full Commission. She supports the Department.

Note: Due to the large number of protestors chanting and disruptions for over 30 minutes, the Commission recessed at 3:40 p.m. The representative from the Coalition on Homelessness demanded the following:

1. Implementation of police crisis intervention
2. Resist forced outpatient treatment
3. Protection of civil and human rights
4. Implement consumer directed mental health treatment on demand

The Commission reconvened at 4:20 p.m. President Guy announced that agenda items #4 and #7 will be continued to the January 9, 2001 meeting. Item #5, DPH Strategic Plan, will be continued to January 16, 2001.

The consent calendar of the budget Committee continued to be presented by Commissioner Sanchez to the full Commission.

Public Speakers on Item #2.21:

Lock Holmes, SNP/Paralign, requested the Department to reconsider this selection process due to a protest filing; have a second selection process. The recommended contractor has to get up to speed in order to provide the services.

Robert McCarthy, McCarthy & Schwartz, pointed out the bid protest is not before you; recommended not to go forward with this; Health Advocates have to ramp up and need to hire bilingual staff; raised the issues of fairness and due process; contested and questioned the recusal process within the selection panel; requested Commission to send this back to the Department for reconsideration.

Action Taken: The Commission unanimously approved the consent calendar of the Budget Committee.

3) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

Note: Dr. Katz submitted his report.

COMMUNITY HEALTH NETWORK
LHH to File SB 1953 Report
Pursuant to State law SB 1953, all licensed acute care hospitals must file an evaluation report describing the seismic safety status of patient care buildings by December 31st. After research and discussion by the Laguna Honda Hospital Replacement Project Team and CHN Administration, it has been decided to self declare the LHH patient care buildings as Structural Performance Category (SPC) 1, and Non-Structural Performance Category (NPC) 1. The self-declaration process allows the Department to proactively acknowledge that the existing LHH buildings do not meet the stringent seismic safety criteria established by SB 1953 without making a significant investment in engineering analysis (before the replacement facility is completed in 2007).

Harley Riders Annual Visit toe SFGHMC

Each year the San Francisco General Hospital Volunteers depend on the Harley Riders' generosity in its annual toy campaign that donates hundreds of children's toys at the hospitals' annual Pediatric Holiday Party. Yesterday, more than 150 Harley Riders showed up on the hospital campus to drop off their gifts.

Laguna Honda Hospital SATS Program

Friday, December 1st was a big outing for 12 LHH residents who attended the 5th Annual Recovery Day sponsored by the Contractor's Association for DPH's Community Substance Abuse Services. Residents enjoyed live music, good food, the company of recovering community peers, and an open mike to tell their stories about being clean and sober. The LHH residents also met staff and participants from the community programs, which they will participate in after they leave the hospital.

SFGH Medical Staff Credentials Report

	12/00	2000 YTD
New Appointments	02	168
Reinstatements	1	10
Reappointments	18	415
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	09	169
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	15
Voluntary Relinquishments	1	3

4) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARD FOR DECEMBER 2000**

This item was postponed to January 9, 2001

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH STRATEGIC PLAN AND CONSIDERATION OF A RESOLUTION ON THE PLAN**

This item was postponed to January 16, 2001

6) **TIME SPECIFIC AT 4:30 P.M.: PRESENTATION AND DISCUSSION OF THE AFFILIATION OF ST. LUKE'S HOSPITAL WITH SUTTER HEALTH**

Jack Fries, CEO of St. Luke's Hospital, reviewed the affiliation between Sutter Health and St. Luke's, (Attachment A). He pointed out that St. Luke's Hospital, with Sutter Health's support, shall remain a separately incorporated and separately licensed acute care hospital at its current location and in the context of its current mission, providing the same services for which it is licensed as of the date

of affiliation. The St. Luke's Hospital Board of Directors shall remain in place and shall continue to govern the provision of health care services at St. Luke's Hospital.

Mr. Fries also pointed out the community, the employees and physicians want this affiliation.

Pat Fry, Vice President of Sutter Health, indicated there will be local governance, maintenance of a full service acute care hospital, the provision of capital to St. Luke's, care to the indigent, the ability to modernize the facility, and promotion of a long-term success.

Public Speakers:

Sal Rosselli, Local 250 President, expressed serious concerns on the reduction of charity care, taking paying patients away from San Francisco General Hospital, shift of control from St. Luke's to Sutter Health; feels this affiliation is subject to a Prop Q hearing; mission of St. Luke's will be altered due to affiliation; will stand with the Health Commission to implement Prop Q process.

Denise D'Anne, SAN, advocated for Prop Q hearing on this affiliation; need to strengthen St. Luke's and resist a take over.

Omar H., S.F. Hispanic Chamber of Commerce, supports affiliation of St. Luke's with Sutter Health.

Veronica Cauley, transgender Political Caucus, encouraged the continuation of St. Luke's charitable work; advocated for a Prop Q hearing.

Rev. Raymond Harbort, Episcopal Diocese of California, representing Bishop William Swing, supports the partnership with Sutter Health.

Nora Roman, Coalition to Save Public Health, urged Commission not to allow St. Luke's be taken over by Sutter Health, to take a leading role in advocating for public health, prevent further destruction of health care; time for San Francisco to lead health care for all; Commission has the ear of the Mayor.

Wayzel Fuller, St. Luke's Hospital Pharmacy, supports the affiliation; without funds, can't get supplies; merger will bring income and provide better care for Southeast section of the City.

Josie Mooney, Local 790 and President of the S.F. Labor Council, indicated this is not about St. Luke's but about whether Sutter Health should run health in San Francisco; there are alternatives to St. Luke's closing; Mayor is ready to discuss; Commission has an obligation to hold a Prop Q hearing.

Bill Robertson, St. Luke's new employee, hears argument against the affiliation but no money; St. Luke's needs money.

Carmen Escobar, St. Luke's employee and patient, wants to make sure jobs are secure and to continue same services.

Sister Jacinta Martinez, Chaplain at St. Luke's, stands with the affiliation and Sutter Health; has listened to both sides; go into affiliation with expectations, not fear.

John Jordan, trains employees at St. Luke's, feels this is an opportunity for St. Luke's.

Walter Bowman, St. Luke's, has been a pharmacist for over 25 years; supports affiliation; has problems with getting supplies and recruitment of pharmacists.

Walter Johnson, Secretary/Treasurer of S.F. Labor Council, stated patient care has become a lower priority at Sutter Health; opposes merger; do not make profit the priority over people; put brakes on this merger.

Larry Bevan, SFGH Local 250, expressed concerns on health care provided by Sutter Health.

Michael Lyon, Emergency Coalition, feels the City will not have any control over St. Luke's if Sutter Health takes over; similar to Mt. Zion closure.

Fred Naranjo, former indigent and patient at St. Luke's; doesn't see the unions coming to the community; average community person can't buy medical insurance.

Ena Aguirre, charity care is important to the Latino community; employee stability is important; Latinos need to be part of decision-making.

Ted Alfaro, Mission High Principal, pointed out St. Luke's provides health care to kids; agrees with merger; St. Luke's needs to remain open.

Margaret Cruz, person from the Hispanic community, stated affiliation has to come about through understanding and respect for each other; need to give good care.

Ray del Portillo, Commission on the Aging and Adult Services Commission, supports affiliation; encouraged Commission to grant approval of the affiliation.

Manuel Rosales, California Hispanic Chamber Alliance, stated this is not a question of unions but of financial survival; there will be a demise of St. Luke's if the affiliation doesn't happen.

Carol Ruth Silver, Mission resident, stated St. Luke's is a necessary entity in the Mission, fiscal support is needed.

John Lira, Ambiente Latino, supports affiliation; this is a community issue; and St. Luke's is a community institution.

Albert Williams, Local 250 Shop Steward, says if merger occurs, care will be compromised; requests if merger can upgrade 32 workers who were trained as nurses in the Philippines.

Paula Fiscal, State MAPA, commented since negotiations have begun, hold their feet (Sutter Health) to the fire; the City couldn't run St. Luke's as a City hospital.

Commissioners' Comments:

Commissioner Monfredini pointed out St. Luke's is a backup to SFGH; because Sutter Health did not have disproportionate share/poor as a high priority, this will not be tolerated in San Francisco; requested Sutter Health to make a decision on disproportionate share. Mr. Fry pointed out that in certain counties, Sutter Health is the sole indigent care provider; Sutter Health will embrace St.

Luke's mission. He also pointed out that Sutter Health Board members would be added to the St. Luke's Board for communication purposes.

Commissioner Sanchez wants to see St. Luke's continue its mission and supports a Prop Q hearing being scheduled.

Commissioner Parker asked if Sutter Health is being altruistic and does Sutter Health benefit? Mr. Fry indicated from a business sense, it's altruistic; Sutter Health will be able to strengthen St. Luke's and help with efficiency and improve financial situation. Commissioner Parker commented that past promises have been made but not fulfilled. Mr. Fry stated that the trustees of the hospital talk to each other on results.

Commissioner Chow thanked the representatives; he would like to have assurances on the real altruism for community benefits and no harm to the public; he encouraged a Prop Q hearing and would like to hear from other hospitals taken over by Sutter Health.

Jack Fries, Chief Financial Officer of St. Luke's, ran St. Luke's Hospital for 13 years. He made support statements for Sutter Health staff and encouraged the Commission to hold Sutter Health accountable but not dictate the amount of charity care.

Dr. Katz recommended that St. Luke's be allowed to select its own Board of Directors and take out of the agreement the Sutter Health involvement on the Board selection. He also encouraged Sutter Health to indicate in writing the amount of charity care it will provide at St. Luke's. On labor issues, Dr. Katz would like to know that the employees are brought up to labor standards. He also recommended a Prop Q hearing and expressed appreciation to the Sutter Health and St. Luke's representatives.

Dr. Katz requested a copy of the antitrust suit settlement. Mr. Fries will send a response. Additionally, Dr. Katz asked where in the written agreement would there be financial/operating issues that have been orally discussed? Mr. Fries indicated there should be a balance between keeping St. Luke's open and what information the Commission wants.

President Guy interprets a transfer of management when the St. Luke's budget goes to the Sutter Health Board. There's a general mistrust on the affiliation. The Commission needs to have clarity on the agreement. Sutter Health needs to come back with clear responses. President Guy genuinely appreciates the openness and commitment of Mr. Fries.

7) PRESENTATION OF JAIL HEALTH SERVICES

This item was postponed to January 9, 2001

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission
Attachment (1)

Joint News Release
St. Luke's Hospital, San Francisco
Sutter Health, Sacramento

Embargoed until Friday, October 27; 12:01 a.m

News Media Contacts:
St. Luke's Hospital: Brian Wieder (415) 641-6894
Sutter Health: Bill Gleeson (916) 286-6772

St. Luke's Hospital and California Pacific Medical Center/Sutter Health Reach Accord; St. Luke's in Affiliation Discussions

SAN FRANCISCO – St. Luke's Hospital in San Francisco, California Pacific Medical Center (CPMC) in San Francisco and the non-profit Sutter Health network of hospitals and physicians announced today that they have reached an out-of-court agreement stemming from a legal complaint filed by St. Luke's in January 1999. Terms of the settlement were not disclosed.

Sutter Health and St. Luke's also announced that they have begun exclusive discussions on a formal affiliation that would further the charitable missions of each of the organizations and preserve vital health care services in San Francisco. Under an affiliation, St. Luke's would become part of Sutter Health, the Northern California network that includes more than two dozen Northern California hospitals and physician organizations. Sutter Health and its affiliate, CPMC, had each expressed interest in an affiliation with St. Luke's in the mid-1990s.

"This is a three-way win," said St. Luke's Hospital CEO Jack Fries. "St. Luke's future as a full-service acute care hospital is guaranteed; Sutter Health's charitable mission is strengthened, and the South-of-Market community retains a valuable health care asset." Fries said an affiliation with Sutter Health will enable St. Luke's to expand and enhance services to the San Francisco community.

"St. Luke's will add strength and value to Sutter Health by sharing its best practices in caring for vulnerable populations, and it will serve as another strong example of our mission and commitment to serving low-income and medically underserved communities," said Sutter Health President and CEO Van R. Johnson.

As a Sutter Health affiliate, St. Luke's will remain non-profit, and will maintain its local board of directors and local governance authority, including responsibility for decisions regarding clinical services, charity care and mission, as well as relationships with organized labor. The hospital will retain its separate license and will continue to offer a full complement of acute, outpatient and emergency medical services. Both parties expressed a commitment to preserving and expanding clinical services at St. Luke's.

Sutter Health has agreed to invest $15.5 million in St.Lukes over the next twelve months to ensure its financial stability and adbility to continue its mission during the affiliation process. Upon the closing of the affiliation, Sutter Health would commit to St. Luke's Hospital a minimum of $4

million per year for ten years ($40 million total) in capital expenditures to develop the facilities and equipment that St. Luke's Hospital would require in order to remain competitive. This commitment would be in addition to the ongoing working capital needs of St. Luke's.

The affiliation with Sutter Health is also expected to result in annual multi-million-dollar cost savings to St. Luke's from group purchasing of supplies and equipment, and from the hospital's ability to access capital at lower interest rates through Sutter's strong credit rating. The affiliation would also provide St. Luke's with access to Sutter Health's advanced information technology resources as well as other valuable support services.

A formal affiliation agreement, expected to be completed within the next several months, is contingent upon legal due diligence reviews and necessary governing board and regulatory approvals.

-end-